

MAJNŪN: THE MADMAN IN MEDIEVAL ISLAMIC SOCIETY



MICHAEL W. DOLS

Edited by

DIANA E. IMMISCH



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*To my brother and his wife,
Bill and Shirley.*

FOREWORD

Michael W. Dols died on 1 December 1989, following a year in which he battled ever increasing debilitation with a determination solely inspired by his desire to complete the final draft of *Majnūn*. At the time of his death, the manuscript had been submitted to Oxford University Press and the advisers' comments and suggestions had arrived in the mail. A response to these reviews, plus final editing and footnote attribution, still needed to be done.

The task of overseeing the book through the press had been charged to me, Michael's long-time research assistant, student, and friend, in March 1989, when Michael realized how little time was left. It was my privilege—and pain—to work with Michael through those last difficult months. In the spring and early summer we would work at the kitchen table; in the later months we would struggle to make progress in the surreal setting of Michael's sick-room. Never once, no matter how tenuous his grip on normalcy, did Michael's commitment and determination waver.

Here then, is the final work of the meticulous and innovative scholar, Michael W. Dols. As was the case with his previous works, so too does this text illuminate an under-researched and little-understood aspect of medieval Islamic society. Michael's research into contemporary writings, some never before examined, revealed a wealth of first- and second-hand accounts of insane men and women and the familial, communal, and legal attitudes toward them. The author's major objective was to place the subject of insanity in its historical context, to examine its significance, not only within the fields of medicine, theology, magic, and law, but also within the social milieu of Islamic society. Every aspect of madness is examined: the medical context and its relation to the development of Islamic sciences and institutions; the practice of religious healing, particularly among Muslim saints; and the phenomenon of the holy fool as an expression of Muslim religiosity. The work concludes with translations of three treatises, two by Ibn Sīnā, the third by Sarābiyūn ibn Ibrāhīm.

As a scholar, writer, and teacher, Michael's commitment was to the truth. Once only have I known him to dissemble: throughout his illness, he would attempt to comfort those close to him with the

assertion that he had accomplished all that he had sought to do in life. We who mourn know this assertion to be untrue. His book about the history of the hospital in medieval Islamic society, the groundwork for which had already been laid, and the drawings and paintings, the talent for which was only just developing, are but two of the legacies of which the world has been deprived by Michael Dols' untimely death.

Diana E. Immisch

October, 1991

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Like the Gerasene demoniac, my obligations are legion. Initially, the project was boldly supported by the John Simon Guggenheim Memorial Foundation Fellowship, at a time when the history of insanity was not a popular subject. Subsequently, research in Egypt was aided by grants from the American Research Center in Egypt and the American Council of Learned Societies. I am very grateful for a sabbatical leave from California State University, Hayward, and a fellowship from the National Endowment for the Humanities (HR-20740-86); these grants permitted me to carry out my work in the ideal conditions at Oxford University, where I was associated with the Wellcome Unit for the History of Medicine and was a visiting fellow of Corpus Christi College. I am appreciative of Charles Webster, the former director of the Wellcome Unit, and the Presidents of Corpus, Sir Kenneth Dover and Sir Keith Thomas, for facilitating my study. At the Unit, I am particularly indebted to Thomas Patterson, Andrew Newman, Irvine and Jean Loudon, and Anne Marie Rafferty, and at Corpus, to Elizabeth Rawson, Isobel Harvey, and James Howard Johnston. Furthermore, I am very grateful to the following friends and colleagues for reading parts of the manuscript: Patricia Crone, Julie S. Meisami, Gary Leiser, Peter Brown, Emilie Savage-Smith, Sebastian Brock, Donald Richards, and especially Peregrine Horden and Nicholas . . .

It was at this point that Michael became too ill to write, and his last, hand-written, notes do not reveal the names of other colleagues and friends he might have acknowledged. I know that he would wish to honour his neighbour Ralph Wooton, and his brother and sister-in-law, Bill and Shirley, for their care and support during that last, difficult year. Indeed, it is to Bill and Shirley that the book is dedicated. On my own behalf, I would like to thank Bill for his trust in me, Sandra Threlfall for her word-processing skills, Gary Leiser for his help and encouragement, Dean Alan M. Smith, Ann Jamison, Claire David-Shaw, and Rose Carrillo for their invaluable assistance, and Barbara Kwan for all her help in the library of California State University, Hayward.

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ABBREVIATIONS

<i>BHM</i>	<i>Bulletin of the History of Medicine</i> (Baltimore).
CSCO	Corpus Scriptorum Christianorum Orientalium: Scriptores Arabici (Paris, 1903–); Scriptores Syri (Paris, 1907–).
Dozy	R. P. A. Dozy, <i>Supplément aux Dictionnaires Arabes</i> (2 vols.; Paris, 1967), reprint.
<i>DSB</i>	<i>Dictionary of Scientific Biography</i> , ed. Charles C. Gillespie (16 vols.; New York, 1970–80).
<i>EI</i> ₁	<i>The Encyclopaedia of Islam</i> (4 vols.; Leiden–London, 1913–34).
<i>EI</i> ₂	<i>The Encyclopaedia of Islam</i> , new edn. (Leiden–London, 1960–).
<i>EI Supplement</i>	<i>The Encyclopaedia of Islam, Supplement</i> (Leiden, 1980–).
<i>EIr</i>	<i>Encyclopaedia Iranica</i> (London, Boston, Henley, 1982–).
<i>GAL</i>	Carl Brockelmann, <i>Geschichte der arabischen Litteratur</i> , 2nd edn. (2 vols.; Leiden, 1945–9); <i>Supplement</i> (3 vols.; Leiden, 1937–42).
<i>GAS</i>	Fuat Sezgin, ed., <i>Geschichte des arabischen Schrifttums</i> (Leiden, 1967–).
<i>IJMES</i>	<i>International Journal of Middle East Studies</i> (Cambridge).
<i>IM</i>	Manfred Ullmann, <i>Islamic Medicine</i> (Islamic Surveys, 11; Edinburgh, 1978).
‘Imrān	Ishāq ibn ‘Imran, <i>‘Maqāla fī l-Mālikhūliyyā’</i> (<i>Abhandlungen über die Melancholie</i>) und <i>Constantini Africani, ‘Libri duo de melancholia’</i> , ed. and trans. Karl Garbers (Hamburg, 1976).
<i>JAOS</i>	<i>Journal of the American Oriental Society</i> (New Haven, Conn.).
<i>JHBS</i>	<i>Journal of the History of the Behavioral Sciences</i> (Brandon, Vt.).
<i>JHMAS</i>	<i>Journal of the History of Medicine and Allied Sciences</i> (Minneapolis).
Kühn	Carolus Gottlob Kühn, ed., <i>Claudii Galeni Opera omnia</i> (20 vols.; Leipzig, 1821–33; repr. Hildesheim, 1965).
Lane	E. W. Lane, <i>An Arabic–English Lexicon</i> (8 vols.; London, 1886–93; repr. New York, 1955–6).
<i>MD</i>	Stanley W. Jackson, <i>Melancholia and Depression: From Hippocratic Times to Modern Times</i> (New Haven, Conn., 1987).
<i>MI</i>	Manfred Ullmann, <i>Die Medizin im Islam</i> (Handbuch der Orientalistik, ed. B. Spuler, vol. i, no. 6, pt. 1; Leiden, 1970).

<i>MIM</i>	<i>Medieval Islamic Medicine: Ibn Riḍwān's Treatise 'On the Prevention of Bodily Ills in Egypt'</i> , ed. and trans. Michael W. Dols and Adil S. Gamal (Berkeley, Calif., 1984).
<i>MJ</i>	<i>Medizinhistorisches Journal</i> (Stuttgart).
<i>PO</i>	<i>Patrologia orientalis</i> (Paris, 1907–).
<i>Qānūn</i>	Ibn Sīnā, <i>al-Qānūn fi ṭ-ṭibb</i> (3 vols.; Bulaq, 1877).
<i>SEI</i>	<i>Shorter Encyclopaedia of Islam</i> , ed. H. A. R. Gibb and J. H. Kramers (Leiden–London, 1961).
<i>'Uqalā'</i>	an-Naysābūrī, <i>Kitāb 'Uqalā' al-majānīn</i> , 1st edn. by W. F. al-Gilānī (Cairo, 1343/1924); 2nd edn. by M. B. al-'Ulūm (Najaf, 1387/1968).
<i>WKAS</i>	<i>Wörterbuch der klassischen arabischen Sprache</i> , ed. Manfred Ullmann (Wiesbaden, 1970–).
<i>ZDMG</i>	<i>Zeitschrift der Deutschen Morgenländischen Gesellschaft</i> .

TRANSLITERATION AND TRANSLATION

My transliteration of classical and oriental languages has followed conventional methods, and I have translated all transliterations into English. The particular system of Arabic transliteration follows that of the Library of Congress, with the single exception that the definite article preceding 'sun letters' is transliterated as pronounced. Wherever an oriental name or word has assumed a more familiar English form than in strict transliteration, such as Cairo for al-Qāhira, I have adopted the former. In the same vein, I have tried to give citations, wherever they exist, to translations of the primary sources in modern European languages. Unless otherwise indicated, translations from the Qur'ān are from Arthur J. Arberry, *The Koran Interpreted*, 2 vols. (New York, 1955), and translations from the Bible are from *The New Oxford Annotated Bible with the Apocrypha*, Revised Standard Version, edited by Herbert G. May and Bruce M. Metzger (New York, 1977). Concerning dates of the Muslim calendar, I have designated their Christian equivalent in the text by placing the Muslim year first and then the Christian year, as in 852/1448-9; otherwise, a date refers to the Christian calendar. In the notes, Muslim dates are often cited as AH, *anno Hegirae*.

INTRODUCTION

Insanity is an intriguing but daunting subject. Madness appears to exert an irresistible attraction for most people, a fascination born largely of curiosity and fear about others, as well as oneself. Is madness treatable or transcendental, tragic or trivial? This labile topic evokes interest because the insane challenge our everyday assumptions about reason and normality and test the bonds of social organization. The historical investigation of insanity in medieval Islamic society is especially daunting for three major reasons, aside from the dearth of previous scholarly study of the topic.

First, the oriental medical texts give descriptions of various mental disturbances and their therapies, but these accounts are usually restricted to the Galenic tradition in Islamic medicine. From a modern point of view, the texts are largely non-clinical. Like Islamic law, they are prescriptive rather than descriptive, so that any historical survey of the medical treatment of the insane can rely on them only as one possible avenue of interpretation or as the rationale for the practice of professional physicians. Despite this serious limitation of the medical data, it is reasonable to assume that mental illnesses similar to those recognized by modern medicine existed in medieval Islamic societies.¹ Furthermore, given the geographical spread of Islam, the large number of tropical diseases, especially malaria, as well as widespread malnutrition and parasitism, caused or exacerbated mental disorders.² It will, moreover, be shown that the introduction into pre-modern Middle Eastern society of new drugs and diseases probably increased the number of mentally disturbed people. In general, the fact that the medical causes of madness can be described but not quantified is due to the nature of the sources.

Second, historical descriptions of disturbed men and women in the oriental sources are rare, scattered, and often difficult to interpret

¹ The existence of modern disease entities, such as schizophrenia, in the past is a controversial and perhaps insoluble problem. For example, see the discussion of Edward Hare in his 'Schizophrenia as a Recent Disease', *British Journal of Psychiatry*, 153 (1988), 521-31.

² Mitchell G. Weiss, 'The Interrelationship of Tropical Disease and Mental Disorder: Conceptual Framework and Literature Review (Part I—Malaria)', *Culture, Medicine and Psychiatry*, 9 (1985), 121-200; for bibliographical references to malaria in the medieval Near East, see *El2*, s.v. 'Malārya' (Dols).

accurately. One must resort to a wide variety of sources, such as *adab* (*belles-lettres*), chronicles, biographical dictionaries, geographers' and travellers' accounts. These sources cover a wide, uneven expanse in time and space, and they largely determine the contours of the present study. The concentration on the medieval Middle East is a direct consequence of the available data; yet, such a concentration is justified because normal Muslim behaviour was formulated and articulated during the classical Islamic period in this region. Nevertheless, the documentation is poor. There are no surviving records of hospitals or doctors that would make possible a statistical study that would be comparable to recent histories of insanity in early modern Europe. Nor are there, to my knowledge, any reliable personal records of the insane that would allow them to speak for themselves; the rarity of authentic voices robs this work of immediacy, comfortably distancing us from what was often, surely, a painful reality. Yet, surprisingly, madness does emerge as a frequent theme in the oriental literature. The literary presentation of the subject is a valuable reflection of social attitudes and beliefs. The most popular and best-known piece of Islamic literature in the West, *The Thousand and One Nights*, portrays the madman in many of the guises that are familiar to us from the strictly historical sources. Indeed, the Tale of Shahriyar and Shahrizad, which furnishes the framework for the other tales, is a story of madness: Shahriyar goes mad after witnessing the debauchery of his wife, and Shahrizad cures him by relating a series of tales every night for about three years, which often deal with the sensitive issue of madness.³

Still, the fragmentary nature of the source material makes it quite difficult to delineate the subtle changes in the beliefs and practices concerning insanity or, conversely, to avoid a static view of the subject. What can be expected, however, is a relatively firm grasp of the interpretations of irrationality, and a tessellated picture of the madman in medieval society.

The third difficulty is the serious methodological one of what is meant by 'insanity' or 'madness' in Islamic culture. It would be very helpful to be able to define insanity concisely, but that is no easy matter. Lack of precision complicates the historical study of the subject. We possess a very imperfect understanding of insanity today, so that we cannot

³ e.g. The Tale of Kamar az-Zamān (*The Thousand Nights and a Night*, trans. Richard F. Burton (3 vols.; New York, 1962 reprint), ii. 1062–1193. For a Jungian interpretation of Shahriyar's psychosis, see Jerome W. Clinton, 'Madness and Cure in 1001 Nights', *Studia Islamica*, 61 (1985), 107–25. See also Franz Hübötter, 'Von medizinisch Interessantem im Koran und in 1001 Nacht', *Forschungen und Fortschritte*, 5 (1929), 176.

confidently look into the past and clearly distinguish the various forms of mental disturbance as we can for many physical illnesses. Mental illness is today a controversial subject, and some would argue that it is neither mental nor an illness. It is a very untidy picture.

The imprecise meaning of madness in Muslim society is clearly conveyed by the simple Arabic expression *al-junūn funūn*, 'madness is of many kinds'. I have used the word *majnūn* (pl. *majānīn*),⁴ 'possessed' or 'madman', in a generic sense to encompass this wide variability in the assessment of a man or woman's unusual behaviour; it was the most common designation for such an individual in Arabic during the medieval period, and later in the Persian and Turkish languages. *Majnūn* is used here as a convenient name for a person who today would generally be considered to be 'mentally ill'. Yet, close attention is paid to the oriental terminology and the connotations of the various descriptive terms.

The historical setting of this study also presents difficulties, for there never was one 'traditional Islamic society'—any more than there was one kind of madness. Such a phrase is intended to emphasize a mode of social organization that was dominated by the Muslim religion and by a tenacious adherence to established values and practices. As already suggested, a congeries of such resilient cultural characteristics was created between the seventh and the tenth centuries AD, when the Muslim Arabs ruled the central Middle East, and these mores became predominant during the pre-modern period in countries where Islam became paramount. This patterning of social life, despite its inevitable modulations, persisted until recent times, and this continuity allows for a discreet presentation of cultural traits.⁵ Thus, the template of 'medieval Islamic society' provides the *mise-en-scène* against which the madman played his idiosyncratic part.

It may be helpful to say what this study is not about. No attempt has been made to subject selected historical figures to psychological scrutiny,

⁴ *Majnūn* is the passive participle of the verb *janna*, 'to cover or to conceal'. The passive verb means 'to be possessed, mad or insane'. See Lane, s.v. *janna*.

⁵ These general characteristics of Muslim social life also pose broad questions about their effects on mental health. For example, it is likely that two sociological developments dating from late antiquity had significant psychological ramifications: the marked fragmentation of society according to ethnic and religious minorities and the seclusion of women may have produced a greater incidence of psychoneuroses and personality disorders than would be found in modern Western society. In this regard, see the suggestive psychiatric survey of Anjar, a rural Armenian village in Lebanon, in 1964–6 by Herant Katchadourian in his 'Culture and Psychopathology', in *Psychological Dimensions of Near Eastern Studies*, ed. L. Carl Brown and Norman Itzkowitz (Princeton, 1977), 103–25. The author estimated (p. 117) that 10% of the adult Anjar population showed psychiatric impairment.

nor to propose a new theory of psychiatry or a new type of mental illness. This study is not a chronicle of scientific 'discoveries' or a compilation of the lives of great Islamic doctors or even the translation of a contemporary medical text. Furthermore, this is not a comparative study; it is premature to draw conclusions, particularly, with regard to the history of insanity in medieval European culture. Nor is it confined to the description of relevant medical theory, diagnosis, and treatment, although the medical understanding of mental illness is a useful point of departure. The purview is far broader: the estimation of madness as a phenomenon in an important cultural tradition.

Madness was an essentially vague notion in the past, and there were many ways of describing the mentally deranged. Consequently, I have tried to explain the semiotics of madness within medieval Islamic society. Because of the serious difficulties inherent in such an undertaking, this investigation of *majnūn* is, indeed must be, an extended essay in social history with no claim to being definitive. What becomes evident is that this society permitted a much wider latitude to the interpretation of unusual behaviour than does modern Western society and much greater freedom to the disturbed, non-violent individual. The fact that the deranged were assimilated in medieval society in many different ways may not be startling, but it does highlight a number of significant aspects of Islamic culture and suggests, often by inversion, the unique texture of ordinary social life. Furthermore, it would be mistaken to dismiss the issue of insanity as a marginal concern when every important aspect of a Muslim's life was dependent on his being sane. It would also be insensitive to a perduring social problem.

An assessment of insanity in any society is intimately dependent on its social context, far more perhaps than for any other 'illness'. The inadequacy of the term 'illness' itself, in dealing with insanity in the past, suggests that the modern tendency to label all unusual behaviour medically is restrictive, if not erroneous. The cultural determination that certain behaviour was madness does not mean, however, that serious mental illness did not exist in the past. Rather, a major objective of the present study is to show the development of the Greek view of psychic disturbances as *diseases* of the mind during the medieval period. Still, the doctor had no monopoly in diagnosing an individual's extraordinary actions. The medical view was only one possibility in a complex, highly personal negotiation of the status of the afflicted. Individual circumstances were crucial to any such judgement. It was largely a social and not a clinical decision.

The borderline between madness and sanity is, and always has been,

blurred. Yet, one is tempted to define madness as any form of persistent behaviour that is judged by a social group at a specific time and place to be abnormal or highly unusual. Certain ideas or patterns of behaviour may be offensive or even criminal, but offensiveness and criminality, although undesirable, are part of normality. And when we hear of a crime so odd or outrageous that it seems to transcend normality, we are prone to say that the individual is mad or crazy. Insanity can only exist against the background of an accepted standard of normal behaviour. The definition of insanity must also somehow leave room for individual eccentricity. For example, al-Jawharī, a celebrated Arabic lexicographer of Nishāpūr, tried to fly from the roof of the Friday mosque in the early eleventh century AD – was he an eccentric engineer, a precocious genius, or simply mad?⁶

Then, as now, a consensus about madness depended generally on the degree to which an individual's behaviour was disturbed, on the nature of the disturbance, and on the attitudes of other people toward his condition. After all, a person is disturbed, deranged, or distracted only in relationship to others. Culturally defined categories of extraordinary behaviour clearly shaped the afflicted person's version of his inner experience and others' interpretation of his actions. The care, neglect, or abuse of the insane was largely determined by the interplay of such perceptions.

The intense and often bitter controversy that has raged in recent years about psychiatry has had one important benefit for our purposes. It has defined more clearly the meaning of mental illness, clarifying the theoretical underpinnings of this diagnosis. Briefly, there are three principal interpretations of mental illness, which I have adopted as the framework for this study. The traditional disease model is the most familiar and widespread; it regards mental illness as a pathological condition, specifically as a dysfunction of the brain. Second, the deviation model considers mental illness as a social issue or a divergence from normative behaviour, so that psychiatric treatment may be seen as a form of direct social control. And third, the intelligibility model interprets mental illness as a deprivation of rationality or the breaking of the constitutive rules of reason. This third model appears similar to the view of insanity in Roman law and, as will be shown, in Islamic law. 'If we go back to first principles, what the "mentally ill" have lost is not their bodily health, nor their virtue but their *reason*: their conduct

⁶ EI2, s.v. 'al-Djawharī' (L. Kopf); see the discussion of this incident below.

simply does not “make sense”.⁷ There are strengths and weaknesses in each model and none is completely satisfactory. Still, combining their strengths—the emphases on physicality, behaviour and reason—affords an adequate set of criteria for describing mental illness in the past. It is a cognitive map of a rough terrain.

This analytical order of three models, beginning with medicine, is, of course, a modern one, reflecting modern Western prejudice. If there were a precedence in the past, priority would naturally be given to the religious views of insanity. Moreover, in the ‘world we have lost’, the possible causes of madness were more numerous; the criteria for insanity were less rigid; and the responses to it were more varied. This freedom of thought and action may have resulted from the almost total absence of government control of the mentally disturbed, whereas it is a conspicuous feature of modern psychiatry and the target of most of its critics. Furthermore, the freedom of the pacific madman in medieval society may have reinforced non-medical views of his condition, for the neighbourhood loony probably served as a frequent, poignant reminder of another realm of reality. Nevertheless, as methods of healing, modes of perceiving, and ways of protecting the insane, these three categories characterize the interpretations of madness and encompass the social responses to *majnūn*. They also appear to embody general value judgements. The medical or curative view is largely negative: the matter is seen as dis-ease, ill-temper, or physical abnormality, in which there is some measure of stigma, arising from faulty heredity, imbalance or the invasion of alien evil. The non-medical, societal view of unusual behaviour is generally positive. In one of the few studies devoted to insanity in Islamic society, Heinrich Schipperges has emphasized the dignity of the insane that was based primarily on a religious interpretation of the irrational.⁸ And the notion of unreason, as in the law, is basically neutral; mental incapacity has no moral meaning but entails serious social consequences.

I have begun by trying to describe the various methods by which attempts were made to cure the insane. The methods range widely from the purely naturalistic to the blatantly supernatural, but they may be grouped for convenience into three categories: medicine, religion, and magic. Medicine, like the modern disease model, represents the view that matters of health and illness are somatic processes, so that healing must

⁷ David Ingleby, ‘The Social Construction of Mental Illness’, in *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*, ed. P. Wright and A. Treacher (Edinburgh, 1982), 128.

⁸ ‘Der Narr und sein Humanum im islamischen Mittelalter’, *Gesnerus*, 18 (1961), 1–12.

rely primarily on various kinds of physical treatment. Religious healing encapsulates the belief that the ultimate cause of health or illness is divine and that curing is the voluntary response of God to acts of supplication and religious ritual. Magic, also, embodies the belief in the supernatural causation of health and illness, but the supernatural can be coerced by occult techniques to act in a desired manner. In these areas there was a steady inflation in therapeutics during the Middle Ages. Moreover, in all three modes of healing, a major theme that has emerged from this study is the remarkable continuity between Christian and Muslim curative beliefs and practices in the Middle East.

The goal of the medical section is to describe and to explain the development of the medical notion of insanity in Greek medicine, primarily the second-century writings of Galen, and subsequently in Islamic medicine, which is epitomized by the encyclopaedic medical work of Ibn Sīnā. Rather than simply listing the theoretical accounts of insanity and related mental disorders that are to be found primarily in the Greek and Arabic medical textbooks, an attempt has been made to show the growth and changes in these concepts and to place them within their historical context. A significant aspect of this development was the transmission of Greek medicine to Islamic society, so that the tracing of the subject of insanity over time is representative of the broader phenomenon of cultural borrowing. By looking closely at the 'life' of this one idea, we are able to see not only how this adoption of a body of scientific knowledge was made but, more importantly, why it was made. This process of the reception of Greek medicine, its reformulation and its presentation by Islamic medical writers can be followed in the works of ar-Rāzī, al-Majūsī, Ishāq ibn 'Imrān, and Ibn Sīnā. In theory, a wider and more systematic theory of mental disturbance was eventually created by medieval doctors. In practice, these views were apparently implemented in medical treatment, especially in the unique provision for the insane in Islamic hospitals.

The Greek tradition of medicine is well known because of the common Western belief that modern medicine can be traced back directly to the Hippocratic corpus.⁹ Among these writings the *locus classicus* for the naturalistic approach to psychic disorder is *On the Sacred Disease*. The author argues forcibly for the view that disease is a material, mechanical problem of the human body. Epilepsy, the so-called 'sacred disease', was no more the result of divine intervention in human affairs than any other illness. Psychic maladies, however, have always

⁹ See Wesley D. Smith, *The Hippocratic Tradition* (Ithaca, NY, 1979), for a masterful reassessment of this traditional view.

been strongly resistant to such an interpretation. In antiquity and the Middle Ages, epilepsy remained a 'sacred' illness for most people, and this view points to the very restrictive influence of Hippocratic medicine.

The Hippocratic writings were actually a group of disparate works on medical topics by a number of writers who shared a strongly empirical point of view. The creation and promotion of these writings as a medical system was largely the work of the medical school of Alexandria during the Hellenistic period. Subsequently, the prominence given to Galen's works in late antiquity was also the result of the support of the school of Alexandria. These endeavours were quite successful, so that the resort of the sick to Hippocratic/Galenic medicine in late antiquity was not unusual. Even a small town in Palestine at the time of the Arab conquest possessed a doctor (*iatros*).¹⁰ The fame of this school tradition belies, however, a complex reality. Among doctors there was considerable disagreement about the nature of their science, which never entirely died out during the medieval period. Outside of the narrow circle of physicians, Hippocratic medicine was surely a minority view. The era following Hippocrates did not witness the triumphant progress toward scientific medicine that most modern historians of medicine would have us believe. Although the medical achievements of the school of Alexandria were substantial, the period is also remarkable for the rapid, contemporary spread of the Greek Asclepius cult throughout most of the Mediterranean world. It was succeeded by the even more impressive dissemination of Christianity, which may be seen, from our point of view, as primarily a healing cult, that eventually usurped the pagan rite of incubation as well as many folk beliefs and practices.

In actuality, healing was a highly pluralistic activity. There was no predetermined therapeutic course; the choice of treatment was greatly dependent on the nature of the illness, the resources of the afflicted, and the talents of the medical practitioners. Because of the lengthy duration of chronic mental illness, all possible methods of healing were usually tried, however inconsistent or contradictory they may appear. There was, then, no clear dichotomy between the supernatural and natural causation of illnesses and their cures. Nor did these views represent the 'popular' versus the 'educated' strata of society respectively.¹¹ Many medications and medical practices, for example, were derived from religion and magic;¹² on the other hand, notions of supernatural disease

¹⁰ Caspar J. Kraemer, *Excavations at Nessana* (Colt Archeological Institute, 3; Princeton, NJ, 1958), nos. 22, 22, 36, 15, and 90, 166.

¹¹ Cf. George Rosen, *Madness in Society: Chapters in the Historical Sociology of Mental Illness* (New York, 1969), 73.

¹² Owsei Temkin, 'Beiträge zur archaischen Medizin', *Kyklos*, 3 (1930), 90-135.

causation and treatment borrowed heavily from professional medicine. Moreover, 'medicine' was not the exclusive preserve of the rich, and 'folk medicine' was not the only recourse of the poor; the rich were not averse to using folk remedies, religious rituals, and magical notions, particularly for chronic illnesses such as insanity, and the poor were not opposed to consulting a doctor if it were possible. It is reasonable to trace this medical pluralism in the Middle East from the Hellenization of the area and to see its persistence in the treatment of the insane in the medieval period.¹³

In the ancient and medieval Middle East a religious interpretation of illness was certainly a deep-rooted view, especially for mental derangement, which easily and cruelly defied the logic of naturalistic medicine. The first recourse of disturbed individuals or, more likely, their families was probably to supernatural healing, if healing were thought to be necessary at all. For pagans as well as Jews and Christians in the early Christian era, the cause and possibly the cure for mental disorders were supernatural. The immediate cause was generally the evil-working spirits, and the cure was religious exorcism. Muslims were heirs to this rich legacy of spiritual healing, especially from Eastern Christians, and, again, there is a striking continuity of Christian healing in Muslim society. Moreover, large Christian and Jewish communities survived in the medieval Middle East, offering religious healing to their co-religionists and to Muslims and influencing Muslim practices in a freemasonry of preternatural beliefs.

While exorcism was an important feature of the teaching of Jesus and may have played a major part in the spread of Christianity, this practice assumed no such role in the life of Muḥammad or in later mass conversions to Islam. Nor was there a Muslim priesthood empowered to perform religious cures. Nevertheless, the belief in supermundane spirits was common in pre-Islamic Arabia, and the jinn figured prominently in

¹³ It is advantageous to bear in mind the medieval European interpretation of insanity and the treatment of the insane, especially in view of the present-day revisionism of traditional historical surveys of the subject. See Jerome Kroll, 'A Reappraisal of Psychiatry in the Middle Ages', *Archives of General Psychiatry*, 29 (1973), 276–83; idem and Bernard Bachrach, 'Sin and Mental Illness in the Middle Ages', *Psychological Medicine*, 14 (1984), 507–14; idem, 'Sin and the Etiology of Disease in Pre-Crusade Europe', *JHMAS*, 41 (1986), 395–414; Stanley W. Jackson, 'Unusual Mental States in Medieval Europe, I. Medical Syndromes of Mental Disorder: 400–1100 AD', *JHMAS*, 27 (1972), 262–97; George Mora, 'Mind–Body Concepts in the Middle Ages: Part I. The Classical Background and Its Merging with the Judeo-Christian Tradition in the Early Middle Ages', *JHBS*, 14 (1978), 344–61; idem, 'Mind–Body Concepts in the Middle Ages: Part II. The Moslem Influence, the Great Theological Systems, and Cultural Attitudes Towards the Mentally Ill in the Late Middle Ages', *JHBS*, 16 (1980), 58–72; R. Neugebauer, 'Treatment of the Mentally Ill in Medieval and Early Modern England: A Reappraisal', *JHBS*, 14 (1978), 158–69.

the Qur'ān. Specifically, Muḥammad was accused by his opponents of being *majnūn*, which God repeatedly denied. Although *majnūn* is not defined in the Qur'ān, the controversy about Muḥammad's character indicates the possible meanings of the word for early Muslims: the jinn-possessed could be a poet or diviner, a sorcerer or a madman. Thus, from the inception of Islam, *majnūn* was a familiar but ambiguous term.

Even though Muḥammad disclaimed any miraculous powers, including healing, devout Muslims eventually attributed to him the ability to intercede with God and to work wonders. Consequently, the 'medieval Muḥammad' set the pattern for Muslim saints, whose number proliferated greatly during the later Middle Ages along with their lesser feats of divine grace. This development of a belief in a miracle-working Muḥammad and Muslim saints is extraordinary from a strictly Sunnī point of view. It seems to have been primarily the result of the influence that Christian beliefs and practices exerted on early Muslims in the conquered territories. It is quite natural that pious Muslims and especially mystics should have reinterpreted Muḥammad in this manner and paved the way toward saint worship. Muslim mysticism itself evolved during the Middle Ages from individual ascetic piety to corporate mysticism, which, aside from supplying the rationale for sainthood, created and supported the cult of the saints. The saint's tomb or shrine became ubiquitous in the Middle East and North Africa and still affords healing to believers. Exorcism of the insane, in particular, has not been a common attribute of the Muslim saint as it has been of the Christian holy man, although the religious curing practices are quite similar.

Thus, there were a number of possible responses by a devout Muslim to illness and to insanity particularly. As we have seen, a Muslim might turn to a practitioner of Galenic medicine. He might trust in God entirely and take no active measures to ameliorate his condition, or he could adopt a more active religious life, including prayer and sacrifice. He might resort to the saints or the supernatural healing of the Christians and Jews. And one might turn to Prophetic medicine or magic. Prophetic medicine was instruction on matters of health and illness based on the exemplary life of Muḥammad; as the prophet of God, Muḥammad had access to the ultimate source of all human well-being and healing. Specifically, this medicine drew on the reports of the deeds and pronouncements of the Prophet, which were scrutinized, collected, and commented upon by Muslim jurists from the ninth century AD. Aside from recognizing the physical benefit of spiritual or psychological well-being, Prophetic medicine emphasized divine

causation and, consequently, religious healing. Prophetic medicine used Galenic medicine both to explain the physical working-out of God's actions in the human body and to supplement religious practices with relevant therapeutics. Prophetic medicine also perpetuated some of the indigenous practices and beliefs of western Arabia from the time of the Prophet, which possessed the empirical value of most primitive medicine. Most important, it took cognizance, in this manner, of popular perceptions about disease and illness. The afflicted or their families could, therefore, turn to approved supernatural remedies and rituals, which drew, particularly for madness, on a broad substratum of native beliefs. It must be acknowledged, in this regard, that lightly veiled folk healing for the mentally disordered was probably one of the more successful areas of pre-modern medicine because it often responded successfully to deep-seated psychological needs.¹⁴ The fourteenth-century treatise of Ibn Qayyim al-Jawzīya on Prophetic medicine demonstrates well the nature of this literature and especially the understanding of insanity and its treatment. Because of the prestige of the Prophet, this medical 'system' was an important guide for Muslims when confronted with disease and sickness, and it suggests what were normative Muslim attitudes and modes of behaviour.

Related to Prophetic medicine was the widespread practice of magic, especially exorcism of the possessed; both curative methods sought God's direct intervention. Prophetic medicine worked by the employment of customary religious rituals, such as prayer and fasting, and remedies commended or condoned by the Prophet. The magician used various techniques to command God's aid against the jinn. In theory, Islam did not prohibit the use of appropriate magical methods, i.e. those consistent with Muslim belief, by devout Muslims for benevolent purposes. Thus, the legitimate magician was an instrument of God's power; observant of Muslim law, he performed supernatural feats, especially to communicate with and control the unruly jinn, by invoking God or making oaths in His name. On the other hand, sorcery—the use of magic to cause evil—was clearly condemned by Islam. There is abundant evidence of the use of therapeutic magic in the survival of countless numbers of amulets and talismans. Also from the early Muslim era, a rich literature of manuals and handbooks was created in Arabic that continued to be produced until modern times. Unfortunately, historical descriptions of magical operations, especially exorcisms, are relatively rare, but the detailed studies by modern ethnographers and

¹⁴ John Racy, 'Psychiatry in the Arab East', in *Psychological Dimensions*, ed. Brown and Itzkowitz, p. 317.

anthropologists of Islamic societies afford considerable data about the understanding of insanity and the patterns of healing, especially the exorcism of the jinn by magicians, that is largely inaccessible for the medieval period.

Madness was also perceived by some people in Islamic society as a condition that did not need to be treated, healed, or exorcised. Paradoxically, it could be excessive love in the otherwise sane, the wisdom of the fool, or the divine love of the mystic. Love is a natural and desirable aspect of human existence, but obsessive love takes on the appearance of madness and its mysterious qualities. For some, the intense emotion of the discreet, chaste lover was a cultural ideal; for others, it was a moral and religious dilemma. For the latter, unbridled passion inevitably led to a bad end, and such earthly desire usurped God's rightful place in one's heart. Nevertheless, the famous Arab story of Majnūn and his passionate, yet chaste love for Laylā expresses well the ideal of the romantic fool who willingly sacrifices himself for his love. During the later Middle Ages, the romance was reworked, especially by Persian and Turkish poets, and Majnūn emerged as a symbol of the mystic and his all-consuming love of God. The profane biblical love story of Zulaykhā, Potiphar's wife, and Joseph was also rendered in Persian poetry as a mystical romance; the love-madness of Zulaykhā for Joseph should characterize one's ardent love for God.

The wise fool, like the holy fool, was essentially harmless in his actions, but unlike the latter, the 'intelligent insane' usually made sense. The wise fool could be a joker, a court jester, or an intrepid social critic. Even today, in the modern Arab cinema, the wise fool plays a significant role, for he is the only one who is free to narrate social injustice and governmental oppression, and in modern novels he often portrays the helpless victim of such conditions. On a more elevated plane, the wise fool was commonly believed in the past to be inspired by God in order to communicate the truth, which invariably meant the verities of Islam. In the event, his folly might save him from the plight of the sane rebel, outlaw, or heretic. The medieval wise fool was not a saint who lived in mystical communion with God and performed miracles. Although the wise fool might be pious and ascetic like the holy man, he was typically a very clever, worldly figure. Buhlūl, the archetypal wise fool, is a very eclectic character, to whom were attributed a large variety of anecdotes, poems, and edifying stories, but the majority of Buhlūl stories depict him as a God-fearing, incisive preacher against irreligion.

Holy mania had a venerable career in the Christian Middle East before the advent of Islam. The good madness of Christianity was more than

the outward appearance of a simple, unphilosophic faith; the 'fool for Christ's sake' was infused with divine madness. 'Holy idiocy' was a feigned madness that was used to conceal and nurture privately one's spiritual life, and it was the most common mode of early Christian mania. 'Holy folly' was the ecstatic madness of the enraptured lover of God. In Islam, 'the fool for God's sake' was commonly the mystic who sought union with God, although the feigned madness of the pious was a major form of Muslim spirituality. The influence of Christianity on early Islam in this regard was probably appreciable. It is very likely that the Christian ascetics, with their apparently insane indifference to the world, reinforced and guided the expressions of Muslim 'holy idiocy'. In turn, this ascetic Muslim piety was the fertile soil for the rich growth of mysticism during the Middle Ages. Sufism, or Muslim mysticism, held out the prospect to all Muslims of 'holy folly' or sacred lunacy. Moreover, a Muslim could be attracted involuntarily to God without regard to his spiritual merit. Thus, a wide range of religious experience was both possible and commendable, so that the holy fool became a familiar, tolerated figure of medieval Islamic societies. He might express what were believed to be profound truths; he might test other men's charity, if not their sanity; and he might criticize other men with impunity—and even God and His creation. In his bold familiarity with God, the mad mystic often articulated the frustrations of the silent majority—the poor, the sick, and the crazed.

The last section considers insanity as a condition that incapacitated an individual from leading an active social life; it bestowed both a privileged and a debased social status. The concern of the law and the state was not with healing or honouring the insane but with protecting the madman's property and society. Legally, the insane possessed no rights but neither did they have any obligations. Like a child, the madman was outside the law but was safeguarded by it; Islamic law strongly reinforced the customary care of the insane man by his family and the preservation of his property. The major legal instrument for this protection was guardianship, which was supervised by a judge who was generally responsible for communal welfare. The obligation of the Islamic state toward the insane was minimal; traditional governments were almost exclusively concerned with warfare, politics, and internal security. If the insane were dangerous, either to themselves, to others, or to the state, they might be put into prison or a hospital. The most prevalent, and perhaps the most effective, form of social welfare was the personal charity that was strongly enjoined by Islam.

Finally, what was the meaning of madness in Islamic society?

Conversely, what was sanity? In the medieval scheme of things, the human being was the microcosm of the universe, sharing with the plants and animals the qualities of growth and sensation but also sharing with the angels and heavenly beings the qualities of reason and the desire for beatitude. Reason was pivotal—it was the link between the visible and the invisible, the body and the soul, and the individual and society. Reason was the prerequisite for a Muslim's full participation in his community. Yet, paradoxically, the madman was accommodated by society, so that he was not a pariah, an outcast, or a scapegoat.

I

*HEALING, NATURAL AND
SUPERNATURAL: MEDICINE,
RELIGION, AND MAGIC*

GALEN AND MENTAL ILLNESS

Before the Islamic era, Hippocratic medicine had been considerably augmented by the works of Galen in the second century AD. Although the Hippocratic corpus was always highly esteemed in the Middle Ages, it was overshadowed by Galen because of the extent and nature of his writings. Galen was extremely prolific, leaving perhaps the largest volume of extant works by a single classical author, with the possible exception of Augustine. In his writings, Galen idealized Hippocrates, frequently invoking his authority in support of his own point of view, even where there was clear disagreement with Hippocrates; nevertheless, he explained and enlarged upon the difficult Hippocratic works.¹ He also sought to promote the scientific value of Hippocratic medicine and the professional status of its practitioners. A contentious writer, Galen frequently argued against other physicians and their medical philosophies in favour of his own eclectic medical system. His strident voice was successful in drowning out most opposition—which was similar, in a curious way, to the contemporary elimination of religious pluralism in the Graeco-Roman world by Christianity. In any case, Galen reconciled the conflicting approaches in medical thought down to his own lifetime, and he added significantly to medical knowledge by his anatomical studies. The eleventh-century Egyptian doctor Ibn Riḍwān stated succinctly: ‘Galen refined the teaching of Hippocrates and made the art of medicine easy and comprehensible for talented people who desire it’.²

Galen appears to have had an important impact on medicine even during his own time. After his death, the wide dissemination of his works is indicated by the survival of a papyrus codex of one of his books, *De placitis*, that circulated in Egypt in the first half of the third century.³

¹ See W. D. Smith, *The Hippocratic Tradition* (Ithaca, NY, 1979), ch. 2: ‘Galen’s version of Hippocratic science and its tradition is in large part his own, a projection of his concerns onto history. While his medical system was put together out of Hellenistic medical developments, his peculiar Hippocratism was fashioned largely as a rhetorical and ideological patina for it’ (p. 175).

² Albert Dietrich, ed. and trans., ‘*Alī ibn Riḍwān: ‘Über den Weg zur Glückseligkeit durch den ärztlichen Beruf’* (Göttingen, 1982, 12–13.

³ Vivian Nutton, ‘Galen in the Eyes of his Contemporaries’, *BHM*, 58 (1984), 315–24; Ann E. Hanson, ‘Papyri of Medical Content’, *Yale Classical Studies*, 28 (1985), 45.

Largely as a result of his promotion by the medical school of Alexandria, Galen's system of medicine came to dominate the field in late antiquity. The eminent medical historian Owsei Temkin has aptly called this intellectual hegemony 'Galenism'.⁴ The study primarily of selected works of Galen and the implementation of his theory of medicine, centring on the notion of humoral pathology, became the core of professional medicine for centuries in the Middle East. Through Syriac and, then, Arabic translations of Galen's texts, as well as through summaries and commentaries, doctors in Islamic society had available to them by the tenth century AD every work of Galen that was still being read in the Greek centres of learning.⁵

The key concept of Galenism was the humoral theory. It had only been suggested as a possible explanation of human physiology in the Hippocratic corpus, but it had a number of advantages. The humoral theory was closely related to the earlier development of Greek natural philosophy. The Hippocratic doctors borrowed the concept of the four elements of nature—air, earth, fire, and water—and considered them to be the essential elements of the human body. These elements corresponded, in theory, to the four humours that were believed to be produced in various organs of the body: blood, black bile, yellow bile, and phlegm. In time, the humours became associated with the seasons of the year, the stages in a person's life, and people's temperaments. Each humour was itself made up of two qualities; blood was moist and hot, black bile was dry and cold, yellow bile was hot and dry, and phlegm was cold and moist. The doctor, in various ways, was supposed to manipulate these humours by their qualities in order to maintain a humoral equilibrium, which was the meaning of health, or rectify their disequilibrium, which was illness. The humoral imbalance was caused by natural factors within or outside the body, which produced an excess or deficiency of a humour or its qualitative change in the entire body or one of its parts. The nature of the illness was directly related to the affected humour. In its ethical implications—derived from the notion of balance or moderation in all things—the humoral theory was more than a medical principle; it was part of a pervasive world-view.

Concerning mental disturbances, black bile was believed to be the aetiological source. The Greek *melaina chole* or Latin *atra bilis* might mean a mental disorder, involving fear and sadness, but it usually meant a state of black-bileness or biliousness in the body. As such, black bile, being cold and dry, represented the notion of malignancy, which was

⁴ Owsei Temkin, *Galenism: The Rise and Decline of Medical Philosophy* (Ithaca, NY, 1973).

⁵ *EI2*, s.v. 'Djālinūs' (R. Walzer).

opposed to the qualities of heat and moisture that all living things needed for survival. Excessive black bile was believed to be the cause of a wide variety of serious infirmities besides insanity, such as leprosy, cancer, and rabies. In the Hippocratic *Nature of Man* black bile was understood to be one of the four cardinal humours, while retaining its sinister status as a pathogenic agent. Natural black bile or black humour was produced mainly from a cool, dry regimen. 'The spleen attracts the coarsest parts of this humour and nourishes itself with the best of it. It directs the rest to the mouth of the stomach (that is, the upper end of the stomach, Greek: *kardia*) so as to stimulate the appetite. The less coarse components of the black humour reach the whole body with the blood in the veins so as to nourish those organs that need coarse, cold food, for example, the bones and cartilage.'⁶ The toxic form of this humour was usually the result of its excess or a change in its quality by the putrefaction of other healthy substances in the body, particularly the blood, by chilling, or alternatively by burning of the natural black bile. Burnt black bile could also be caused by the burning of yellow bile, which was even hotter and sharper. In general, Galen developed the notion that melancholia was either the excess of natural black bile or the presence in the body of this unnatural, i.e. burnt, black bile, which was known as *melancholia adusta* to medieval Latin doctors. With the gradual elaboration of the humoral theory, there developed a kind of incinerator principle based on the transformation of the humours that was unidirectional; cooking or maturation could transform the bodily humours from one to another: phlegm could become blood, blood could become yellow bile, and yellow bile, black bile.⁷ All the humours could logically end up as overcooked black bile, which could produce mental disorders.

With this medical theory in hand, it is disconcerting to find that Galen says so little about insanity and psychic disorders. This omission was recognized by Islamic medical writers.⁸ Yet, in Galen's time, a number of psychic illnesses, such as mania, melancholia, epilepsy, and phrenitis, were conventionally understood to involve serious mental disorder and were individually discussed in the medical literature. Rufus of Ephesus, who lived in the late first century BC to the mid-first century AD, had written an influential monograph on the issue of melancholia.⁹ Cornelius Celsus in the early first century AD appears to have been the first to treat

⁶ *IM*, 59.

⁷ *Ibid.*

⁸ See 'Imrān, p. 2/fo. 90a.

⁹ *MI*, 71-6; *DSB*, s.v. 'Rufus' (Fridolf Kudlien).

mental disturbances collectively in his medical textbook.¹⁰ Nevertheless, Galen did not discuss them systematically. Rudolph Siegel has suggested that Galen's relative disinterest in mental disturbances was due to the fact that *paraphrosyne*, or mental derangement, represented 'only temporary symptoms or individual variations of an underlying humoral or structural damage of the brain'.¹¹ Although this is true, it seems an insufficient explanation. Why did most ancient physicians, and Galen in particular, avoid this thorny area of insanity despite the fact that most of the modern forms of mental derangement are recognizable in the classical sources?¹²

It is likely that mental incapacities generally were not as prevalent in antiquity as in modern times for a number of reasons, especially the high mortality of mentally impaired children.¹³ A priori, death would have resulted naturally from congenital illnesses that are associated with mental retardation in childhood. In addition, serious mental and physical anomalies would have been recognized in infants and young children and may often have led to their destruction by their parents. Infanticide was legitimate in ancient Greece and Rome until the fourth century; even then, despite the change in the official attitude of the state to infanticide and the exhortations of the Church, the recurrence of legislation against it suggests that the practice was not eliminated.

¹⁰ Hellmut Flashar, *Melancholie und Melancholiker in den medizinischen Theorien der Antike* (Berlin, 1966), 75.

¹¹ Rudolph E. Siegel, *Galen on Psychology, Psychopathology and Function and Diseases of the Nervous System* (Basle-New York, 1973), 265.

¹² G. C. Moss, 'Mental Disorder in Antiquity', *Diseases in Antiquity*, ed. D. Brothwell and A. T. Sandison (Springfield, Ill., 1967), 720-2. Unaccountably, modern accounts of psychopathology in the Greek medical texts largely ignore their historical context. See the following: Ulysse Trélat, *Recherches historiques sur la folie* (Paris, 1839); J. L. Heiberg, 'Geisteskrankheiten im klassischen Altertum', *Allgemeinen Zeitschrift für Psychiatrie*, 86 (Berlin-Leipzig, 1927), 1-44; T. Puschmann's commentary in *Alexander von Tralles*, vol. i (Vienna, 1878); Francis Adams's commentary in *The Seven Books of Paulus Aegineta*, vol. i (London, 1844); W. Leibbrand and A. Wettley, *Der Wahnsinn* (Freiburg, 1961); Oskar Diethelm, *Medical Dissertations of Psychiatric Interest Printed before 1750* (Basle, 1971), 15-22; J. R. Whitwell, *Historical Notes on Psychiatry* (London, 1936), 84-97, 178-82; Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (New Haven, Conn., 1987), 29-45; Jackie Pigeaud, *La Maladie de l'âme: Étude sur la relation de l'âme et du corps dans la tradition médico-philosophique antique* (Paris, 1981); Bennett Simon, *Mind and Madness in Ancient Greece: The Classical Roots of Modern Psychiatry* (Ithaca, NY, 1978). A more historical approach is taken to the subject by George Rosen in his *Madness in Society* (New York, 1969), ch. 3, and A. C. Vaughan in her *Madness in Greek Thought and Custom* (Baltimore, 1919).

¹³ Heiberg ('Geisteskrankheiten im klassischen Altertum', 10) calls attention to the absence of syphilis, the lack of widespread alcoholism, and the high mortality rate of mentally impaired children as reasons for the relative lack of emphasis on mental illness in ancient texts. For medieval Europe, see Michel Mollat, *The Poor in the Middle Ages: An Essay in Social History*, trans. Arthur Goldhammer (New Haven, Conn., 1986), 28.

With regard to infanticide in Islamic culture, the destruction of infants was a common practice among the inhabitants of pre-Islamic Arabia. The Qur'ān describes infanticide as a prevalent practice among non-believers and prohibits it, thus becoming one of the major regulations of Islam. The reasons for infanticide among the pagan Arabs had been the inability of parents to support additional children, the undesirability of daughters, and religious sacrifice. It is arguable that infanticide did not disappear, however, with the advent of Islam; it seems that it persisted illegally as a form of contraception, as a means of dealing with illegitimate births, and as a consequence of dire economic distress.¹⁴ It is possible that infanticide was also committed against infants and children who were seriously ill or mentally defective. For example, the eleventh-century geographer al-Bakrī says that the people in northern Morocco did not allow the physically defective (*dhā' āha*) to dwell in their country because it corrupted their progeny.¹⁵ Thus, aside from the natural attrition of the physically impaired, the purposeful destruction of the mentally deficient may have limited their numbers and, therefore, have lessened their demands on society.

Still, there were mentally disturbed individuals in antiquity, and the responsibility for them rested on the family of the afflicted, as it did for those stricken by other illnesses. This familial obligation was very strong indeed, and despite the advent of hospitals in the medieval period, it remained a constant feature of healing from antiquity to modern times in the Mediterranean world.¹⁶ Thus, the common expectation was that the mentally disabled would be provided for in the home. For example, Plato had stipulated that madmen should be kept at home by every

¹⁴ I am very grateful to Avner Giladi for discussing his research on this topic with me and showing me his articles that are shortly to be published: 'Some Observations on Infanticide in Medieval Muslim Society' and 'Infants, Children and Death in Medieval Muslim Society: Some Preliminary Observations'. See also the brief discussion of infanticide in the Middle East in John Boswell, *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance* (New York, 1988), 186. Boswell raises this issue within the context of his inconclusive account of abandonment of children in early Islam. The exposure of children does appear to have been practised at the time of Muhammad and during the medieval period, particularly as a result of the strict prohibition against infanticide. The reasons for abandonment in Islamic society were probably comparable to those in antiquity and in medieval Europe that Boswell describes in detail. Moreover, it is likely that defective children were commonly abandoned in medieval Islamic society as they were in contemporary European society; see *ibid.* 240–1, 259–60, 298–9, 337–9, 403, 320 n. 89, and *illus. no.* 12.

¹⁵ Abū 'Ubayd al-Bakrī, *al-Masālik wa l-mamālik*, ed. De Slane, 2nd edn. (Algiers, 1911), p. 102, ll. 17ff.

¹⁶ *Nile* (New York, 1983), a modern novel by Laurie Devine, portrays well the traditional expectation of familial care. The story chronicles the demise of a rich Jewish family of Alexandria after the Second World War and the loving, attentive care that was given to their mentally retarded son.

possible means: 'A madman is not to go about at large in the city, but is to be taken care of by his relatives. Neglect on their part is to be punished in the first class by a fine of a hundred drachmas, and proportionally in the others.'¹⁷ Naturally, familial care could vary enormously, being dependent on wealth, education, and social expectations as well as the condition itself. A wealthy family could afford a physician who might attempt a diagnosis and treatment, especially with hellebore, the standard treatment for insanity in antiquity.¹⁸ On the other hand, if modern studies of the distribution of mental illnesses are correct, psychic disorders and the most serious forms of such disorders are predominant among the poor, who are the least able to afford expensive medical care, and the state in antiquity assumed no responsibility for the sick poor.

Moreover, neither a doctor nor the family of the seriously disturbed was probably predisposed to medical treatment. Because of the difficulties in the treatment of the insane, it seems improbable that the enterprising doctor of antiquity would undertake such a lengthy, demanding, and unpromising responsibility. If a prognosis were normally expected at the outset of an illness—as it appears to have been—nothing could have been more risky for a doctor's career than a prediction of the course of most chronic mental disturbances. For less serious mental disorders, particularly depression, medical treatment was apparently predictable and profitable for the ancient doctor. The relatively full discussion of depression or melancholia in the Greek medical texts, and subsequently in the Arabic texts, may be explained by the fact that it was probably the most common mental disturbance in the ancient and medieval worlds and the most commonly treated.¹⁹ On the other hand, most people probably did not consider disturbed behaviour as a medical issue at all.²⁰

¹⁷ Plato, *Laws*, xi. 934, in *The Dialogues of Plato*, trans. B. Jowett, iv (Oxford, 1953), 161.

¹⁸ Cf. Rosen, *Madness in Society*, 131–2. The evidence from the *Menaechmi* cited by Rosen actually demonstrates the futility of summoning a physician for the treatment of the insane. Furthermore, the writings of doctors in antiquity do not 'clearly indicate that they made clinical observations and treated patients in sufficient numbers so as to acquire a considerable experience' (p. 132); there is no documentation for this assertion.

¹⁹ For comparison, a survey of depressive psychoses in urban Lebanon in 1964 may have some value; see H. A. Katchadourian and J. V. Sutherland, 'Affective Psychoses in Lebanon', *Leb. Med. J.*, 28 (1975), 165–6.

²⁰ A recent study of attitudes toward mental illness in Turkey appears to support this generalization. Orhan M. Öztürk and Vamik Volkan ('The Theory and Practice of Psychiatry in Turkey', in *Psychological Dimensions of Near Eastern Studies* (Princeton, NJ, 1977), 354) cite the study of Y. Savaşır ('Ruh hastalıkları ve hastalarına karşı tutum ve inançlar üzerine bir Araştırma' ('A Study on Attitudes and Beliefs Regarding Mental Illness and the Mentally Ill'), diss., Hacettepe University Medical School, 1969): 'Savaşır studied two sociocultural

When Galen came to explain psychic disorders, he relied on the humoral theory; mental disturbances resulted mainly from humoral imbalances in the brain that damaged its functioning. Medical treatment aimed at re-establishing the balance of the bodily humours, primarily on the principle of contraries, or at removing or moderating the effect of physical causes, especially by evacuations and drugs. The psychic causation of such maladies was well recognized in some pre-Galenic texts, such as Rufus' treatise on melancholia, but psychotherapy, in the modern sense, was rudimentary. Psychic causation was largely eclipsed by the humoral theory and psychic treatment was interpreted somatically in Galenic medicine. The inadequacy of such an interpretation must have been evident to Galen himself and helps to explain his reluctance to deal thoroughly with mental illnesses. In terms of the modern 'nature/nuture' controversy over the origins of mental illness—which has actually been a perennial socio-medical question—Galen came down strongly on the side of nature.

Galen's psychology was naturally a part of his physiology, and it was also closely related to his notion of the soul. Galen believed that there were three powers or faculties that were located in the three main organs of the body; the interplay of these powers governed the whole physiological process. The concupiscible or appetitive power of the soul was located in the liver and was responsible for conception, growth, and nourishment; the irascible power in the heart generated the emotions, such as courage, anger, and joy; and the rational power in the brain was unique to human beings and was corporeal. This last power was responsible for three functions: the senses, voluntary movement, and autonomous intellectual activity. Following Hippocrates and Plato, Galen held that the centre of sensation and consciousness was in the brain, whereas Aristotle and the Stoics had given primacy over all the

extremes—an isolated traditional village in central Anatolia and a highly modernized section of metropolitan Ankara—and compared the attitudes toward the understanding of mental illness in these two communities. The results of this study show that a good many psychiatric entities are not recognized adequately by the urban or the rural people. For example, fictitious case histories of a simple schizophrenic, of an alcoholic, of a paranoid psychotic, and of a man suffering an anxiety reaction were recognized as mental disorders by only 10 per cent of the adults in the village and about 15 per cent of the modern urban community. Hysterical fainting spells and a case of an immature aggressive person with low frustration tolerance were recognized as mental disorders by about 40 per cent of both urban and rural adults. Whereas a case of obsessive-compulsive neurosis was not at all seen as a disorder by the villagers, 60 per cent of the urban subjects labelled this condition as a mental disorder. Homosexuality and sociopathic conditions were not considered mental disorders by the villagers and only 20 per cent of the urban subjects saw these as illnesses. About 50 per cent of the urban subjects recognized sexual impotence as a illness, whereas most of the villagers considered it a result of magic or of being possessed.'

organs to the heart. And to explain the functioning of the heart and the brain, Galen posited the existence of two spirits, or *pneumata*, in the body: the vital pneuma in the heart and the psychic pneuma in the brain.²¹

Galen's views on physiology were developed considerably in late antiquity and became the backbone of medico-philosophical psychology during the Middle Ages. In Islamic medicine the three bodily powers were generally known respectively as the natural powers (*al-quwā t-ṭabī'īya*), the animal powers (*al-quwā l-ḥayāwānīya*) and the psychic powers (*al-quwā n-nafsānīya*).²² Related to these faculties were the three corresponding pneumata, which were essential to the functioning of the body. The natural spirit (*ar-rūḥ aṭ-ṭabī'ī*), about which Galen had said very little, originated in the purest blood in the liver and was transmitted through the veins to the organs, and it supported the workings of the natural faculties.²³ The animal spirit (*ar-rūḥ al-ḥayāwānī*) originated in the heart from the mixture of pure vapour of the blood and the inhaled air; it reached the organs through the arteries and supported the functioning of the animal faculties. And the psychic spirit (*ar-rūḥ an-nafsānī*) originated in the animal spirit that rose up to the brain through the two carotid arteries and was transformed into the psychic spirit in the back of the brain. The pneuma in the posterior ventricle of the brain facilitated memory and bodily movement through the nerves; in the front of the brain it influenced sense perception, conception, and fantasy; and in the central ventricle it supported cognition. According to Galen, as with the Islamic writers, the three rational functions could be damaged either all together or separately by an humoral excess arising from the rest of the body or by an excess in the brain's innate qualities.²⁴

The combination of qualities (hot, cold, dry, and moist) that characterized all living things was known as temperament or complexion

²¹ It is not irrelevant to note that Christianity and, then, Islam introduced the concept of the immortal, individual soul into this scheme; the two kinds of pneuma became 'intermediate between the body and the incorporeal human soul, enabling these two extremes to meet and communicate. The relationship between, or the identity of, the soul and reason continued to be a matter of debate among philosophers; the doctors restricted themselves to healing bodily ailments' (E. Ruth Harvey, *The Inward Wits: Psychological Theory in the Middle Ages and the Renaissance* (Warburg Institute Surveys, 6; London, 1975), 6–8). Although philosophers and theologians might see reason as a subject outside the purview of the physicians, the latter were drawn inevitably into this murky area by the need to treat mental disorders; they could conceive of the pneumata as physical entities and treat the disorders as purely physical functions.

²² See H. H. Biesterfeldt, 'Ġālīnūs Quwā n-nafs', *Der Islam*, 63 (1986), 119–36.

²³ See Owsei Temkin, 'On Galen's Pneumatology', *Gesnerus*, 8 (1951), 180–9.

²⁴ See Harvey, *The Inward Wits*, for descriptions of damage to the brain by ar-Rāzī (p. 12), al-Majūsī (pp. 19–21), and Ibn Sīnā (p. 26–7).

in Galen's physiology, and the notion was also fully developed in the Middle Ages.²⁵ The temperament (Gr. *krasis*, Arab. *mizāj*) of an individual was the blending or mixing of the four humoral qualities in the body. Unlike Hippocrates, Galen argued that there was not just one ideal form of health, in which the qualities were in perfect balance, and conversely only one form of illness. There were nine possible conditions of health: one in which there was an exact balance of the qualities, four in which one of the qualities predominated, and four others in which the predominant qualities appeared in pairs of hot and moist, hot and dry, cold and dry, and cold and moist. Galen understood the temperaments to be physical predispositions; an individual's temperament or constitution determined his susceptibility to certain illnesses and governed his behaviour. All the principal organs of the body had their own temperament and could serve as the site of disease. Numerous external factors influenced a person's temperament, such as climate, age, sex, and habitual behaviour, which could be manipulated by a doctor to improve a patient's well-being. In Galen's 'physiological psychology' the temperaments were crucial because mental powers were dependent on the bodily temperaments.²⁶

From the time of Hippocrates to Galen a scheme of classification for psychic disturbances was gradually developed that comprised primary acute forms of mental disorder that were associated with fever, which were called phrenitis and lethargy because of their symptoms of excitement and depression respectively, and primary chronic forms without fever, which were called mania and melancholia because the first was generally characterized by excitement and the second by depression.²⁷ This nosological outline, which by its terminology betrays its popular origins, was inadequate, but it was the framework within which mental disturbances were observed and discussed. It was also the point of departure for Galen.²⁸

Galen's accounts of melancholia, epilepsy, mania, and phrenitis demonstrate his interpretation of the nature of mental disturbances. Galen relied heavily on Rufus of Ephesus for his interpretation of melancholia, and he acknowledges this debt.²⁹ Rufus had composed a

²⁵ See *MIM*, 11–14; see below ar-Rāzī's discussion of the temperaments in relation to mental disorders; and Harvey, *The Inward Wits*, 12–13.

²⁶ *MD*, 370. See the survey of the Galenic system in *IM*, 55–69.

²⁷ I. E. Drabkin, 'Remarks on Ancient Psychopathology', *Isis*, 46 (1955), 226.

²⁸ *Ibid.* 229

²⁹ *Œuvres de Rufus d'Éphèse*, trans. C. Daremberg and C. Émile Ruelle (Paris, 1879), 291. Although Galen says (*De loc. affec.*, III. 5) that he could not find any book on the therapy for loss of memory, his discussion (*ibid.* III. 7) comes close to Rufus' opinion in his work on the subject (*Peri mnemes apololyias*) that cold and moist qualities damage the memory, so that

two-volume work on the causes, symptoms, and treatment of melancholia, which was extremely influential on later writers; the work is now lost and is known only from citations to it in other works, but it was known in an Arabic translation in the Middle Ages. Rufus appears to have established the long-lived aetiology of melancholia: the condition originated in the brain or it rose to the brain from the epigastrium or from the whole body.³⁰ Rufus appears to have distinguished carefully between the symptoms of early and advanced melancholia because the malady must be combated before the black bile became too strongly established in the body and while the patient was still amenable to treatment. In the initial stages, the doctor would be able to talk to the patient, learning his medical history and influencing his behaviour. Furthermore, Rufus says that melancholia is more frequent among men, the old, and during the autumn. The symptoms of the advanced form of melancholia were the same as in the initial stages, but they were stronger and more pronounced. The basic cause was the blackening of the bodily humours.

Rufus' description of the physical and psychic signs of melancholia was detailed, and elements of his description would reappear verbatim in Arabic accounts of melancholia. In this context, Rufus dealt with one issue regarding melancholia that has attracted considerable Western scholarly interest, mainly because of the rehabilitation of Aristotelian 'melancholia' during the Renaissance. In the pseudo-Aristotelian *Proble-mata*, which was probably written by Theophrastus, there appears the notion that melancholia was a particular characteristic of creative or talented men. The subject is posed in this way: 'Why is it that all those who have become eminent in philosophy or politics or poetry or the arts are clearly of an atrabilious temperament, and some of them to such an extent as to be affected by diseases of black bile?'³¹ Thus, gifted persons usually had a melancholic temperament and were often predisposed to black-bile illnesses. It has been suggested that this idea was a quasi-medical version or secular interpretation of Plato's divine madness; the divine talent of the poet, lover, mystic, or prophet was reduced to a melancholic temperament.³² Clearly, it was a reassertion of the

warming and drying remedies should be gradually applied. This work by Rufus as well as his book on melancholia were translated into Arabic and known to Islamic doctors. See *IM*, 36 f.

³⁰ For the history of the hypochondriac form of melancholia and its eventual dissociation from melancholia in modern Western medicine, see *MD*, 274-310.

³¹ *The Works of Aristotle*, translated into English under the editorship of W. D. Ross (Oxford, 1927; repr. 1953), vii. 953^a-955^a.

³² Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, *Saturn and Melancholy* (New York, 1964), 40-1.

physiological approach. From mantic to manic, the afflicted individual slowly lost his aura of divinity in the medieval medical texts. Divinity was replaced by ascriptions of delusions. Rufus was mainly responsible for this decline of melancholia from its hallowed place. He said that melancholia was simply the result of too much thinking and sadness, rather than the cause of intellectual pre-eminence.³³ Although the *Problemata* was translated into Arabic,³⁴ the idea of the melancholic genius never appears to have been resurrected in the Arabic medical literature. For example, in the ninth-century treatise on the subject by Ishāq ibn 'Imrān, melancholia is the plight of the holy man, the lover, and the scholar: 'as bodily fatigue leads to severe illnesses of which weariness is the least, so mental fatigue leads to the most difficult and worst illness, which is the illness of melancholia'.³⁵ Ar-Rāzī asserts simply that delusion and melancholia are the result of too much rational activity.³⁶ The same idea is still to be found in a seventeenth-century medical text, which cites Rufus as 'an Arab physician', where a common type of insanity (*murrāe soudā*) 'attacks men who devote their lives to science and art'.³⁷

For therapy, Rufus gave many remedies, as well as advice on suitable food and drink; he also recommended bleeding and vomiting, but strong emetics were dangerous. Many of these treatments would also reappear in medical works of late antiquity and the Middle Ages. Aside from the healing qualities of nature, he emphasized the healing qualities of sexual intercourse and wine. He clearly established the distinction between initial and advanced stages of the condition, which was essentially one illness with numerous symptoms. Altogether, Rufus created the framework for understanding and treating melancholia in late antique and Islamic medicine.

Ar-Rāzī commented at the end of his excerpts from Rufus' work that 'this man', presumably Rufus, did not mention anything except his observations.³⁸ Indeed, Rufus was well known for the exceptional richness of his clinical descriptions. The application of Rufus' theory of melancholia can be seen in the cases that are reproduced in the textbook (AD 873) of Sarābiyūn ibn Ibrāhīm.³⁹ The textbook contains twenty-one

³³ Klibansky, *Saturn and Melancholy*, 50.

³⁴ *MI*, 92-7.

³⁵ 'Imrān, p. 16/fol. 94b.

³⁶ *Kitāb at-Tibb ar-rūḥānī: The Spiritual Physick of Rhazes*, trans. Arthur J. Arberry (London, 1950), 67.

³⁷ J. G. Balfour, 'An Arab Physician on Insanity', *Journal of Mental Science*, 22 (1876), 244.

³⁸ *Al-Hāwī*, i. 79-80; quoted in Flashar, *Melancholie*, 102 n. 37.

³⁹ *Al-Fusūl al-muḥimmah*, Bodl. Hunt. MS 461, ch. 9, fos. 39b-40a; the subsequent cases deal with fever, *sirsām*, *birsām*, lethargy, epilepsy, and angina.

cases; the first five concern melancholia primarily. Sarābiyūn says that they are from Rufus and other 'ancient and contemporary doctors'. The first case is clearly from Rufus; moreover, Manfred Ullmann has argued persuasively that all twenty-one are from Rufus.⁴⁰ In the first two cases melancholia may be said to have been the result of physical illnesses; in the following three cases, it is mainly psychological. The second, third, and fourth cases are representative and illustrate well his view of melancholia and his therapeutic method. (See Appendix 1.)

Galen added very little to Rufus' interpretation of melancholia except for a tighter arrangement of the three forms of melancholia (cerebral, epigastric, or bodily) and the inclusion of the melancholic as one of the non-pathological temperaments, a theory that would be fully developed only later. Thus, melancholia could refer to a chronic, non-febrile mental condition or to a temperament that predisposed an individual to different forms of mental disturbances.⁴¹ Galen was emphatic that the mental faculties followed the state of the body, and his work on this topic, *That the Powers of the Soul Follow the Temperament of the Body*, was known to Islamic physicians.⁴² The effect of the excess of black bile in the brain was usually fear and anxiety, sadness and misanthropy; the essence of melancholia was the fear of death. 'Although each melancholic patient acts quite differently than the others, all of them exhibit fear and despondency. They find fault with life and hate people; but not all want to die. For some the fear of death is of principal concern during melancholia. Others again will appear to you quite bizarre because they dread death and desire to die at the same time.'⁴⁴ In addition, Galen describes a number of delusions: one patient believes that he has been turned into a kind of snail and, therefore, runs away from everyone he meets, so that he would not be crushed; another patient sees some crowing cocks flapping their wings to their song, so he beats his own arms against his ribs and imitates the voice of the animals.⁴⁴

Melancholia could be an aspect of any disease or the result of a bodily injury, and the treatment should be directed to the damaged part of the

⁴⁰ See Manfred Ullmann, ed. and trans., *Rufus von Ephesos: Krankenjournal* (Wiesbaden, 1978), 68–75; cf. M. Z. Siddiqi, *Studies in Arabic and Persian Medical Literature* (Calcutta, 1959), 117–20.

⁴¹ Flashar, *Melancholie*, 84–104.

⁴² See Galen's *Traktat 'Dass die Kräfte der Seele den Mischungen des Körpers folgen' in arabischer Übersetzung*, ed. and trans. Hans H. Biesterfeldt (Abhandlungen für die Kunde des Morgenlandes, 40: 4; Wiesbaden, 1973); see also Biesterfeldt, 'Gālinūs Quwā n-nafs', 123–34.

⁴³ *De loc. affec.*, III. 10; Rudolph E. Siegel, trans., *Galen on the Affected Parts* (Basle-New York, 1976), 93.

⁴⁴ Ibid. The next example of a man who feared the end of the world is recounted at length in Galen's commentary on *Epidemics VI* (see below).

body. At the beginning of treatment for melancholia itself, Galen says, it is important to determine whether the condition arises from atrabilious blood in the whole body or only in the head; in the former case, the patient is to be bled, in the latter case he should not be. He recommended appropriate diet, exercise, and medication; numerous forms of bodily evacuation were prescribed in order to remove the black bile. Galen reminds the reader that his pupils had seen him bring about a complete cure of melancholia by advising frequent bathing and a proper regimen.⁴⁵

Second, epilepsy was not commonly considered in antiquity to be a mental disorder, but Galen emphasized the physical involvement of the brain. Stagnation or deposits of the cold thick humours, i.e. black bile and phlegm, caused epilepsy by obstructing the free passage of pneuma through the cerebral ventricles. Galen agrees with the statement in the Hippocratic *Epidemics VI* that the melancholic may become epileptic and vice versa. Like melancholia, this disorder could arise in three ways. It originated principally in the brain, where a viscous humour obstructed the outlets of the pneuma in the cerebral cavities, causing convulsions; there was a temporary loss of reasoning power and sensory perception. It might also originate secondarily in the impairment of the cardia, or in any part of the body.⁴⁶ Similar to epilepsy, apoplexy and vertigo were due to the impaired flow of the cerebral pneuma because of the accumulation of the cold humours.⁴⁷

Third, mania was a chronic non-febrile disorder of the brain; this condition was caused by an excess of yellow bile or heat in the head. Reason is lost along with memory, and the patient's behaviour is characterized by pathological excitement and hallucinations. A violent pulse at the bend of the elbow was a symptom of maniacal and irascible individuals. As in melancholia, it could arise in the brain; it could be a sympathetic affection; or it could occur as a consequence of another ailment.⁴⁸ Galen has very little to say, however, about this condition. Moreover, he says nothing about the Socratic categories of 'divine madness' (i.e. prophetic, telestic, poetic, and amatory madresses); like the 'melancholic genius', divine madresses are not discussed in the later Arabic medical texts.

⁴⁵ The concept of melancholia has received considerable attention from scholars; see Flashar, *Melancholie*; Klibansky, *Saturn and Melancholy*; Siegel, *Galen on Psychology*, 189–99; Pigeaud, *La Maladie de l'âme*, 122–37.

⁴⁶ *De loc. affec.*, III. 10 and 11. See Owsei Temkin, *The Falling Sickness*, 2nd edn. (Baltimore, 1971), 60–4.

⁴⁷ *De loc. affec.*, III. 9, 11, 13, and 14.

⁴⁸ *Ibid.* III. 6 and 7. See the discussion by Pigeaud, *La Maladie de l'âme*, 100–22.

And fourth, phrenitis was a common term in ancient medicine, and Galen had a good deal to say about it. His discussion of the topic is important for the later development of the whole subject of mental illness.⁴⁹ Phrenitis was an acute illness with delirium and fever, in which the delirium persisted after the fever had subsided:

a specific and exceptional feature of phrenitis is that the delirium does not subside after the peak of the fever, because the brain is not involved by sympathy during the disease but by *idiopatheia* [intrinsic disease] or *protopatheia* [primary seat of disease]. Therefore, this disease (paraphrosyne) develops gradually and the patients do not become deranged suddenly and all at once as [in disease of] other organs, as just explained.⁵⁰

Galen tried to distinguish phrenitis from common fever delirium although this appears to have been unsuccessful. He clearly dissented, however, from the traditional Greek view that the soul and its disorders were located in the *phrenes*, or the diaphragm;⁵¹ he considered the *phrenes* as an organ of respiration.⁵² According to Galen, phrenitis was a primary condition of the brain or meninges, affecting sense perception and judgement. The condition was caused by abnormal dryness and heat, i.e. yellow bile,⁵³ or a deficiency of the animal spirit. This caused the dysfunction of the brain, so that the afflicted might receive impressions from the outside correctly but misinterpret them, might act foolishly, or both.

Galen mentions the prodromal symptoms that earlier writers had also mentioned: insomnia or sleep disturbed by frightening dreams that are accompanied by violent movements; periods of forgetfulness so that the afflicted call for the chamber-pot but forget to urinate, or urinate without first preparing the chamber-pot; or they give unnecessarily vehement or brusque replies, especially when the questioner has adopted a mild tone—an interesting example perhaps of a doctor's attempt to interrogate his patient. All such victims drink little, draw long but infrequent breaths, and have particularly feeble and nervous heartbeats; frequently, they also suffer pain in the occiput. When a phrenitic attack occurs, the eyes are very dry, or they become watery alternately; subsequently, they become infected and bleary. These symptoms may be

⁴⁹ See the discussion of Leibbrand and Wettley, *Der Wahnsinn*, 35–7; Pigeaud, *La Maladie de l'âme*, 71–100.

⁵⁰ Siegel, *Galen on the Affected Parts*, 148.

⁵¹ Heiberg, 'Geisteskrankheiten', 5–6.

⁵² *De loc. affec.*, v. 4.

⁵³ There were three types of yellow bile (*De loc. affec.*, III. 9): pale yellow bile caused mild phrenitis; dark yellow bile caused a more violent phrenitis; and burnt dark yellow bile caused bestial and melancholic delirium (*paraphrosyne*).

accompanied by bleeding from the nostrils. When the patient is delirious, his hands pick involuntarily at the bedclothes, and he is generally unable to respond to any stimuli.⁵⁴

Another type of phrenitis arose from the diaphragm and affected the brain only secondarily; this category seems to have been a compromise with the older medical as well as non-medical belief. In this case, the delirium was almost continuous, but the eye and nose symptoms were lacking and the respiration was more like that of fever delirium. Galen describes other symptoms of phrenitis, such as severe head, neck, and backache, stiffness of the neck, convulsions and violent delirium, and diarrhoea.⁵⁵ This description has confused the clinical picture of the illness and has given rise to numerous theories about its identity. Phrenitis does not correspond, however, to any single modern disease entity and appears to have been an omnibus term. In modern terminology it may, perhaps, have included delirium as a secondary feature of a wide range of fevers such as malaria or typhoid, delirium as a consequence of infections of the central nervous system such as encephalitis, meningitis,⁵⁶ cerebral malaria, and psychoses that today might be subsumed under the heading of schizophrenia and are distinct from manic-depressive psychosis. Galen's remark that delirium persists after the fever has abated suggests that it is necessary to include psychiatric conditions as well as secondary causes of delirium (delirium due to fever) in the blanket term 'phrenitis'. Galen's therapy for phrenitis was directed primarily to the head although some remedies were to be applied to the diaphragmatic region. The remedies were naturally aimed at opposing the qualities of the damaging humour; opium and theriac were specifically recommended as sedatives.⁵⁷

⁵⁴ Ibid. v. 4.

⁵⁵ S. E. Jelliffe, 'Notes on the History of Psychiatry. VII', *Alienist and Neurologist*, 33 (1912), 310.

⁵⁶ In one instance in Islamic medicine this diagnosis of phrenitis (*sirsām*) seems to have been correct; see Max Meyerhof, 'Thirty-three clinical observations by Rhazes (circa 900 A.D.)', *Isis*, 23 (June 1935), 334 f., 350, and Arabic text, pp. 2-4.

⁵⁷ In *Meth. Med.*, XIII. 21, Galen's discussion of the therapy for phrenitis again brings together his teaching on mental illnesses. He argues that the principal part of the soul is in the head and not in the heart. Therefore, anointing the head initially with rose-oil and vinegar is appropriate for phrenitis as well as for lethargy, even though the two illnesses arise from opposite humoral imbalances in the brain; the fomentation pushes the excessive humour out of the head. If possible, bleeding was desirable at the beginning of both diseases. The subsequent stage of treatment for the two was diametrically opposed. The phrenitis-sufferer should be given soothing remedies, such as ointments made of poppies, that are to be applied to the head, 'for one ought to tranquillize and stupify the principal part, that is to say the overheated brain'. Against the opposite illnesses, one must awaken and heat the thickness of the damaging humour in the brain. If there is no corruption of the humour, it produces deep sleep without fever, which is called apoplexy, torpor, and seizure, and if it does lead to corruption that causes fever,

A large array of conditions were related to these illnesses because of a nosology based on humoral pathology that would today not be considered mental disturbances.⁵⁸ For example, severe delirium was considered to be the result of the toxic effect of excessive black bile in the central nervous system.⁵⁹ Lethargy was an acute state of the brain without fever; it was a stuporous condition, with loss of reason and memory, caused by the excessive coldness of the humours that numbed the mental functions.⁶⁰ Yet, it could also be accompanied by fever and was related to phrenitis; the conditions, according to Galen, tended to change into one another. The prognosis was good where phrenitis followed lethargy but poor in the opposite case. Associated with lethargy were stupor, coma, and excessive sleep because they were believed to be cold illnesses. Naturally, the qualities of these conditions were important for therapy. Hysteria was not a traditional form of mental disturbance in the ancient world. Galen himself did not consider it a mental disorder. The condition was thought to be caused by the retention of menstrual flow or of semen.⁶¹ Subsequently, Ibn Sīnā follows Galen in the *Qānūn*, where the term for hysteria is *ikhtināq ar-raḥam*, constriction or suffocation of the womb.⁶² Generally, hysteria is not found among the maladies of the head in Arabic compendia. Furthermore, *dementia* or *morosis* was a condition where reason and memory are both lost.⁶³ They seem to mean a permanent deterioration of mental activity. *Anoia* was a complete loss of reason that might result from severe phrenitis, lethargy, or melancholia. Galen was also sensitive to the debilitating effect of drugs that altered the humours and, consequently, the brain.⁶⁴

From this brief review of mental disorders in Galen's works, it is apparent that a major feature is his strong emphasis on the brain as the site of mental activity and the nervous system,⁶⁵ as opposed to the Aristotelian notion that mental activity was located in the heart. Galen

it is called lethargy. In the declining stages of both phrenitis and lethargy, the patient may be treated with cupping and castoreum.

⁵⁸ See Leibbrand and Wettley, *Der Wahnsinn*, 118–34.

⁵⁹ *De loc. affec.*, III. 9.

⁶⁰ Ibid. III. 6. Galen discusses in this section the effects of the qualities on mental functions.

⁶¹ Ibid. VI. 5. See Stanley W. Jackson, 'Galen—On Mental Disorders', *JHBS*, 5 (1969), 371–80.

⁶² Max Meyerhof and D. Joannidēs, *La Gynécologie et l'obstétrique chez Avicenna (Ibn Sīnā) et leurs rapports avec celles des Grecs* (Cairo, 1938), 63–7.

⁶³ *De loc. affec.*, III. 6.

⁶⁴ Siegel, *Galen on Psychology*, 274 f.

⁶⁵ In both the Greek and Arabic texts, however, the stomach region survived as a source of mental disturbances; the Arabic texts specifically refer to the popular attribution of mental illnesses to the stomach, which may indicate a resilient folk tradition in the Middle East since antiquity.

clearly states: 'It appears reasonable to us [to assume], since we follow the evidence obtained by dissection, that the soul itself resides in the substance of the brain where the thought process takes place and where the memory of sensory impressions is deposited.'⁶⁶ His teaching on brain anatomy in relation to mental disturbances is a recurrent theme that was utilized in later medical descriptions. Furthermore, he is insistent on the distinction between idiopathic and sympathetic, i.e. primary and secondary, affections of the brain.⁶⁷ Galen's interpretations of mental disturbances are also quite significant for later medical writers because of his unification of doctrine. On the one hand, he disregarded much earlier work on the subject, especially regarding psychic treatments; on the other hand, he tied mental illness closely to his theories of the humours and their qualities, the pneumata and the temperaments, even when this proved awkward, as in the case of phrenitis.⁶⁸ Thus, '[Galen] seems to have repeatedly insisted that mental states—whether conceived of as cause or effect, whether normal or abnormal—were reflections of physiological states.'⁶⁹

If Galen's point of view about mental disturbances was so strongly somatic, what does he say about the psychic causation of illness?⁷⁰ Apart from his recognition of the psychic aspect of most illnesses, he admits the possibility that psychic disturbances may lead to physical illness. In his commentary on *Epidemics VI*, Galen discusses this matter.⁷¹ The Hippocratic text states that health depends on a proper way of life; according to Galen, it includes a suitable regimen (food, drink, and daily activity), living conditions (home and clothing), exercise, sleep, sexual intercourse, and psychic activity. These were the famous six 'non-naturals' of classical and medieval medicine, which could be manipulated by anyone, but particularly by a doctor, to ensure or restore good health.⁷² Galen affirms that our health and illness depend on these six factors and that all six should be used with moderation. He clearly

⁶⁶ *De loc. affec.*, III. 9; Siegel, trans., *Galen on the Affected Parts*, 87.

⁶⁷ *Ibid.* I 6 and II 10.

⁶⁸ Flashar, *Melancholie*, 107 ff.

⁶⁹ Jackson, 'Galen—On Mental Disorders', 371.

⁷⁰ Drabkin justified a need for a comprehensive study of psychopathology in antiquity and outlined its features: 'Remarks on Ancient Psychopathology', *Isis*, 46 (1955), 223–34. The envisioned work has not been accomplished, but Drabkin's remarks have been helpful to me in my interpretation of the subject in Islamic medicine.

⁷¹ Galen, *In Hippocratis epidemiarum*, ed. and trans. E. Wenkebach and F. Pfaff, in *Corpus Medicorum Graecorum*, 10 (2: 2) (Berlin, 1956), 484–95; E. Littré, ed. and trans., *Œuvres complètes d'Hippocrate* (10 vols.; Amsterdam, 1978 repr.), v. 352 f. I am very grateful to Dr Vivian Nutton for this reference.

⁷² See *MIM*, 13–15. The fundamentals of Islamic medicine, including the 'non-naturals', are conveniently set out by Hunayn ibn Ishāq in his *Questions on Medicine for Scholars*, which has been translated by Paul Ghalioungui (Cairo, 1980).

defines the last category as a mental, not a spiritual, activity and states that it is a significant cause of well-being or ill-health. Those who become passionate and excited, even for the most unimportant reason, frequently become ill, and it is difficult to heal them. The fear of death, particularly, affects many people, so that they become ill and die.

Galen emphasizes the fear engendered by augury and presentiments. He tells the interesting story of Maiandros, who lived in Pergamon. His livelihood was divination, and his skill was well recognized by others. It was Maiandros' custom on his birthday to ask God for a sign about the coming year. On one birthday he went out to observe the flight of birds as an omen for the future and saw an eagle that flew in a pattern that meant inescapable death. He returned to the city visibly shaken, and he became so depressed that his health collapsed. Following a fever, his mind became confused and he was confined to bed. Two months after his birthday he died, his body having completely withered away. Galen tells a similar story about a man who became seriously distressed because of a financial loss; the man became insane—'judging by what he said'—and remained in that condition until he died. Galen also says that he had recently seen in Rome a grammarian named Kallistos, who had lost his books in a great fire there. Kallistos was so upset by the loss that he could not sleep; subsequently, a fever attacked him, and he became infirm until he died. Galen draws the general conclusion that he had seen many people whose bodies languished because of grief or a bad frame of mind. He, then, tells more stories: one of a woman who died after hearing of a friend's death and another of a man from Cappadocia.

The account of the Cappadocian is particularly informative. Galen says that the man had a senseless notion in his head that caused him to become melancholic. The idea that he had put into his head was frankly laughable, according to Galen. Nevertheless, the deluded man's friends saw him crying and asked him about his trouble. He sighed deeply and answered that he was distraught because the world was coming to an end: Atlas had become weak and could no longer carry the world on his shoulders. The heavens would crash down, and they would all be destroyed. Galen does not tell us what happened to the Cappadocian but recalls his accounts of a woman who imagined that she had swallowed a snake, a man who believed that he heard a corpse calling to him, and a man who literally died of shame because of his breaking wind in public. The point of these narratives, according to Galen, is that the doctor must consider it his duty to enquire about the sick patient's state of mind as well as the other five habits; healing can only be obtained through the elimination of harmful thoughts. The characteristics of a healthy mind

were patience, perseverance, determination, daring, and magnanimity; opposed to them were cowardice, wickedness, meanness, and indolence. Lack of self-discipline, especially, predisposed men to sickness. Galen says that many people escaped ill-health and enjoyed long life through will-power, steadfastness, patience, and even love.

Further in the commentary, Galen discusses self-control and anxiety. Some people respond to medical treatment with great anxiety, so that the doctor must be sensitive to the injury that the patient suffers from treatment itself, and the doctor should be prepared to give another kind of treatment. Anxiety may also arise from numerous fears as well as lovesickness. In these situations, one must divert the patients' minds away from their anxiety and toward things that are pleasant. Particularly helpful are contests that cause excitement, such as wrestling, boxing, animal fights, and hunting; for others, the best diversion is dancing, singing, or flute-playing. Galen says in conclusion that he has studied the conditions of many who have suffered from mental ailments and have been cured; he had written a book on the prognosis of mental afflictions.

Galen's *On Prognosis* relates a number of case histories that demonstrate his diagnostic and prognostic skill, but only three cases involve psychological distress: Iustus' wife, who was lovesick for the dancer Pylades; the rich man's slave steward who was depressed about an audit; and Boethus' son who was anxious about stealing food.⁷³ While Galen's careful observation and common sense are noteworthy, as well as his self-advertisement, these are not instances of serious mental disturbances. As he admits, they are not cases of physical illness but of passion, fear, and anxiety, respectively, that affected one's well-being. In the case of lovesickness, which assumed a significant role in medieval literature, Galen clearly recognized the psychosomatic effects of love, but like other debilitating conditions, he divorced it from the mystical or supernatural realm: 'Accordingly, we know that neither epilepsy nor love is a divine disease.'⁷⁴

The relevant parts of *On Prognosis* and the commentary on *Epidemics VI* are consistent with his well-known treatises *On the Passions and Errors of the Soul*, which deal with emotional distress or 'erroneous opinion', but again they do not include serious mental alienation. Intense passions 'increased in the souls of the majority of men to such a point that they are incurable diseases'.⁷⁵ What Galen apparently meant was

⁷³ See Galen, *On Prognosis*, ed. and trans. Vivian Nutton (*Corpus Medicorum Graecorum*; Berlin, 1979), 100-5, 110-11.

⁷⁴ Kühn, xviii. 2. 18.

⁷⁵ Galen, *On the Passions and Errors of the Soul*, trans. Paul Harkins (Columbus, Ohio, 1963), 28. Galen certainly did not mean that most men become mentally disturbed.

that excessive emotions, especially anger, of most people create a preponderance of bile in their bodies that, in turn, might bring about physical changes.⁷⁶ To free oneself from these passions, one needed the advice of a mature individual; as a philosopher-physician, the doctor was well suited to give such guidance. Subsequently, the ethical guidance of the doctor became well established in late antiquity and was later a normal expectation of the Islamic doctor.⁷⁷ Thus, the 'incurable diseases' should be interpreted metaphorically. Galen is espousing Stoicism, not psychotherapy.⁷⁸

Considerable attention has been focused on this question of psychotherapy in the ancient world, primarily because it has been considered as a precursor of modern psychiatric methods. Laín Entralgo has shown that psychotherapy did not occupy an important place in Hippocratic medicine. 'The Hippocratic texts of psychotherapeutic character aim at excessively general, unspecific goals: winning the confidence of the patient and keeping the tone of his spirit at a good level. The physician of ancient Greece did not go beyond this.' This stance was due to a rejection of magical practices, on the one hand, and, on the other to an 'irrepressible tendency of the Hippocratic to see and understand the twofold nature of man somatically and indeed *only* somatically'.⁷⁹ Galen promoted this view to the point that the moral life of man fell within the purview of the physician, for moral irregularity is regarded 'as but a preternatural (*para physin*) condition of human nature'.⁸⁰ Moreover, the major thrust of ancient and medieval medicine was primarily the preservation of health, and it is within that context that the doctor was to advise his normally healthy patient on his proper regimen. At best, the doctor was a moral tutor.

Galen vividly demonstrates his awareness of the influence of psychic events on the body; like the other 'non-naturals', one's state of mind

⁷⁶ Jelliffe, 'Notes on the History of Psychiatry. VII', 310.

⁷⁷ See Siegel, *Galen on Psychology*, 275–8. Cf. Fady Hajal, 'Galen's Ethical Psychotherapy: Its Influence on a Medieval Near Eastern Physician', *JHMAS*, 38 (1983), 320–33. In a work comparable to that of Galen, ar-Rāzī argues for the suppression of passions that are diseases of the soul; they can destroy reason and reduce men to the state of wild beasts, children, or lunatics. Moreover, because passions are insatiable, they can well lead to anxiety and agony, and the empassioned may be 'reduced by prolonged insomnia, worry and undernourishment to a state of madness and delusion, of consumption and wasting away'. (Ar-Rāzī, *Kitāb at-Ṭibb ar-rūḥānī: The Spiritual Physick of Rhazes*, 20, 42, 52.)

⁷⁸ Luis García Ballester, 'Diseases of the Soul (*Nosēmata tēs Psychēs*) in Galen: the Impossibility of a Galenic Psychotherapy', *Clio Medica*, 9 (1974), 35–43.

⁷⁹ Pedro Laín Entralgo, *The Therapy of the Word in Classical Antiquity*, trans. L. J. Rather and J. M. Sharp (New Haven, Conn., 1970), 158–69. See also *idem*, *Mind and Body, Psychosomatic Pathology: A Short History of the Evolution of Medical Thought*, trans. A. M. Espinosa (London, 1955), 40–62, 105–7.

⁸⁰ Laín Entralgo, *Mind and Body*, 66–8.

influences one's state of health. It would appear that genuine mental illnesses were understood by Galen to be severe and persistent emotional disturbances that might provoke more serious bodily changes than the 'passions' could produce. What Galen does *not* explain is seriously disturbed behaviour that was not the result of any emotional upheaval. The insane usually went far beyond moral irregularity and possible instruction—how could a doctor counsel the irrational? Nor does Galen give any medical treatment for mania. Madness might be explained physiologically, but there was no effective prognosis or therapy, which was as helpful as having no explanation at all. In his indifference to therapy, Galen seems to come close to the Roman legal view of insanity as incapacity or simply a loss of reason; it was a matter neither of morals nor of medical treatment.

Despite Galen's advocacy of humoral pathology and its later monopoly of medical thought in the Middle Ages, his view of medical science was basically eclectic. Its composite character can be seen especially in his interpretation of mental pathology. The Dogmatic tradition, which took Hippocrates as its originator, became the only significant medical philosophy of the post-classical period; from a highly empirical, inductive approach, it became a system from which the explanation of all mental disorders could theoretically be drawn. The Pneumatist tradition of the Hellenistic period was represented by Galen's emphasis on the psychic pneuma or spirit in the functioning of the brain. The Methodist view of medicine may be seen in Galen's therapeutics—the constant emphasis on the moistening and the relaxation of the body. And the Empiricist tradition may be seen in Galen's experiments on brain physiology. More importantly, his probable experience with the incurability of the insane appears to have prevented him from drawing any firm conclusions about insanity, its nature and treatment.

Finally, the anecdotal stories of famous physicians, such as Galen, and their insane patients reflect the conundrum posed by madness. The stories are not evidence of psychotherapy, physical therapy, or the recognition of the 'unconscious'. They usually attest simply to the cleverness of the doctor faced with an insoluble dilemma. After all, the physician was equipped with only a patchwork of general principles and specific experiences, in which severe mental illness was a peculiarly intractable problem. Despite the desire for a rational explanation, the unfathomable nature of mental disorders and the lack of adequate means to measure them made it virtually impossible to evaluate critically clinical observations and therapeutic results.⁸¹

⁸¹ Rosen, *Madness in Society*, 134.

GALEN INTO ARABIC

Galen's discussion of mental disturbances formed only a very small part of his extensive teachings, but from our point of view, his interpretation of mental derangement had considerable influence on medieval medicine. On the ground, the preservation and promotion of Galenic teaching may be explained by Galen's popularity with the medical school of Alexandria. Moreover, the survival of the Alexandrian school into the Islamic era represents the continuity between Greek medicine and Islamic medicine. More significant than the persistence of the school of Alexandria in the Islamic period and the possible transference of its doctors to Syria in the early eighth century,¹ however, were the earlier and continuous translations by Syriac-speaking Christians of the Greek medical texts, which effectively embedded Galenism in Syria, Iraq, and Iran. A parallel, concurrent process of translation took place in Egypt, where Greek medicine was written down in Coptic for the use of Egyptian Christians.² The Syriac translations proved to be far more important. They were the basis for the medical training of a large number of Christian doctors in the central Middle East and were the major sources for the eventual translation of Greek medicine into Arabic.

The Islamic reception of Greek scientific knowledge in the ninth and tenth centuries AD relied directly on the preceding adoption of elements of Greek culture, such as medicine, by Eastern Christians. The transmission of medical learning from Syriac into Arabic was wholesale. In other areas, the cultural borrowing from the Greeks via Syriac intermediaries was more selective. For example, the almost complete disinterest in Graeco-Roman literary texts can already be seen in the Syriac period; consequently, it is no surprise that they were not translated into Arabic. Thus, the Syriac translations, which naturally expressed personal preferences, laid the groundwork and largely

¹ Max Meyerhof, 'Von Alexandrien nach Baghdad: Ein Beitrag zur Geschichte des philosophischen und medizinischen Unterrichts bei den Arabern', *Sitzungsberichte der preussischen Akademie der Wissenschaften in Berlin, phil.-hist. Kl.*, 23 (1930), 389-429.

² See Kamal S. Kolta, 'Neue Erkenntnisse zur Medizin der Kopten', *Sudhoffs Archiv*, 68 (1984), 157-72.

adumbrated the pattern of cultural efflorescence that is known as the 'renaissance of Islam'.³ With regard to Islamic medicine, the Syriac phase of transmission was crucial for the development of Galenism and its institutionalization.

The translations of Greek texts into Syriac went back to the translations of theological literature in the fourth century AD and continued steadily until the ninth century. The translation of the medical texts, specifically, appears to have begun about AD 500 with Sergios of Ra's al-'Ain (Rēshainā) (d. AD 536), who, among other scholarly endeavours, translated thirty-two works of Galen into Syriac; they included the principal texts that were being used in the Alexandrian medical school at that time. His Syriac translations were apparently the first translations of Greek medical works into a Semitic language. The subsequent translation movement reached its peak with Ḥunayn ibn Ishāq and his colleagues in ninth-century Baghdad. In the imperial capital at the same time, numerous related Arabic versions of these texts were also being produced. The Arabic translations of medical texts may well have begun in the first century of the hegira, as Fuat Sezgin has asserted,⁴ but they were not substantial until the late eighth century.

On the Syriac side, there was a striking continuity of academic interest and places of learning from the pre-Islamic period into the Islamic era.⁵ First of all, the Syriac translations and study preserved the medical texts, at a time when Greek was disappearing after a millennium as the learned language of the Eastern Mediterranean. The numerous Syriac translations were intended for the practical needs of Christian physicians who could no longer read Greek. Syriac learning also preserved many of the medical texts of the late Alexandrian school. Eventually, the Eastern Christians created a body of set texts, primarily of Galen's works, for their own needs. This curriculum would become the basis of medical education in Islamic society.⁶

In his list of the translated works of Galen, Ḥunayn ibn Ishāq, the famous translator, said that the first twenty books

³ See the recent discussion of this topic in Joel L. Kraemer, *Humanism in the Renaissance of Islam: The Cultural Revival during the Buyid Age* (Leiden, 1986).

⁴ GAS, iii. 16.

⁵ Paul Kunitzsch, 'Über das Frühstadium der Aneignung antiken Gutes', *Saeculum*, 26 (1975), 272 f. Max Meyerhof's article on this subject, 'Von Alexandrien nach Baghdad', is still valuable, although he ignores the Syriac evidence. Cf. Owsei Temkin's review in *Gnomon*, 9 (1933), 45-51, and Gotthard Strohmaier, 'Von Alexandrien nach Baghdad'—eine fiktive Schultradition', in *Aristoteles Werk und Wirkung: Paul Moraux gewidmet*, ed. Jürgen Wiesner, ii (Berlin-New York, 1987), 380-9.

⁶ Elinor Lieber, 'Galen in Hebrew: The transmission of Galen's Works in the Medieval Islamic World', in *Galen: Problems and Prospects*, ed. Vivian Nutton (London, 1981), 167-86.

are the books that the students of the medical school of Alexandria are expected to read. They used to read them in the order which I have followed in my list. They were accustomed to meet every day for the reading and interpretation of one of the standard works, in the same way in which, in our days, our Christian friends are accustomed to meet every day . . . for the study of a standard work from among the books of the Ancients. Concerning the remainder of [Galen's] books they were accustomed to read them on their own, after an introductory study of the aforementioned books; just as our friends read today the explanations of the books of the Ancients.⁷

Equally important, the continuity of Syriac translations of Greek medical texts from the early sixth century created a fund of linguistic expertise, which was to prove invaluable for the later translation of the same texts into Arabic. Ḥunayn ibn Ishāq and his colleagues usually translated or retranslated Greek scientific and philosophic texts into Syriac and, then, into Arabic because the latter did not possess a technical vocabulary for such complicated Greek texts.⁸ There is a general consensus that Ḥunayn was highly skilled in creating a new and appropriate Arabic technical vocabulary for medicine; at the same time, the adoption of Syriac words into Arabic was considerable.⁹

We have very good evidence for the transmission of Galenism in Ḥunayn's enumeration of all the books of Galen that existed up to about AD 880 in Arabic and Syriac versions.¹⁰ This listing is entitled *The Treatise of Ḥunayn ibn Ishāq to 'Alī ibn Yaḥyā Recounting What Has Been Translated of the Books of Galen to His [Ḥunayn's] Knowledge and Those That Have Not Been Translated*. On the basis of this treatise and the recent study of Syriac medical manuscripts by Rainer Degen, some general observations may be made.¹¹ In general, it appears that nearly all the titles that are published in the standard nineteenth-century Kühn edition of Galen's writings, as well as forty other reputed works of Galen, had been translated into Syriac by the end of the ninth century AD.

⁷ Quoted in Max Meyerhof, 'New Light on Ḥunayn Ibn Ishāq and his Period', *Isis*, 8 (1926), 702. It is questionable whether this refers, as Meyerhof says, to a school that was attached to the famous Bayt al-Hikma in Baghdad (ibid. 722).

⁸ Sebastian Brock, 'An Introduction to Syriac Studies', in *Horizons in Semitic Studies*, ed. J. H. Eaton (Birmingham, 1980), 7.

⁹ See Gotthard Strohmaier, 'Arabisch als Sprache der Wissenschaft in den frühen medizinischen Übersetzungen', in *Mitteilungen des Instituts für Orientforschung*, 15 (Berlin, 1969), 77–85.

¹⁰ See Gotthelf Bergsträsser, ed. and trans., *Hunayn ibn Ishāq über die syrischen und arabischen Galen-Übersetzungen* (Leipzig, 1925).

¹¹ Rainer Degen, 'Ein Corpus Medicorum Syriacorum', *MJ*, 7 (1972), 114–22; idem, 'Galen im Syrischen: Eine Übersicht über die syrische Überlieferung der Werke Galens', *Galen: Problems and Prospects*, ed. V. Nutton, 131–66.

It is quite unclear, however, to what extent other Greek medical texts were translated into Syriac, especially the Hippocratic corpus, for Ḥunayn's list was an accounting of only the works of Galen. Syriac versions of the Hippocratic writings may not have been extensive, setting a precedent for later Islamic medicine. The later Arabic versions of Hippocratic works were derived almost entirely from the translated works of Galen and of other Hellenistic writers. The difficult Hippocratic writings were refashioned in a more digestible form and in line with Galenic theory.

There is also evidence in the Arabic medical texts of original treatises that were written in Syriac, but few complete texts survive. For example, Sergios of Ra's al-'Ain wrote a work on dropsy and Job of Edessa (Ayyōb Urhāyā) composed treatises on rabies, the causes of fevers, and uroscopy.¹² As for Syriac medical compendia and commentaries, only a few of them are extant. We do know of important compendia, such as the *Pandektas* of Ahrun the Priest, which was translated into Syriac probably in the eighth century AD,¹³ the *Kunnāsh* of Ishlīmūn, and the *Kunnāsh al-Khūz*, apparently a medical handbook compiled by the doctors of Jundī-Shāpūr. Yet, the Syriac precedent of epitomes and compendia was significant for the future. The Arabic medical writers followed this learned tradition, which led to the encyclopaedic works in Arabic in the tenth and eleventh centuries, although this development away from the classical texts was often bemoaned by Islamic doctors. Despite the growth of this secondary literature, Galen's writings seem to have thoroughly dominated the Syriac medical literature, and this predominance was perpetuated in the Arabic literature. Yet, only fragments of the large corpus of Syriac Galen and only a few original works in Syriac as well as commentaries have been published.¹⁴

Concerning the translations themselves, Ḥunayn's account in the *Risāla* about who translated the texts from Greek into Syriac appears to be correct. They were all Christians, primarily East Syrians, who knew Greek, Syriac, and Arabic; Ḥunayn and some others had a knowledge of Persian. There is no evidence that the physicians of Jundī-Shāpūr ever translated any medical texts into Arabic. As for the ninth-century patrons of this literature, their interest in Galen must have been great; some of the Christian sponsors had a number of his works translated. Moreover, several translations were sometimes made of a single text. With the exception of three translations from Arabic into Syriac by Ḥubaysh, Ḥunayn's nephew, all the translations were directly from

¹² *MI*, 100-3.

¹³ *EI Supplement*, s.v. 'Ahrun' (A. Dietrich).

¹⁴ See Degen, 'Ein Corpus Medicorum Syriacorum', 114-22.

Greek into Syriac.¹⁵ The Syriac versions of the Galenic texts were invariably made for Christians who were physicians and colleagues. The Arabic versions were made for Muslim lay patrons and friends of the translators, usually prominent Muslim statesmen.

The existence of Christian doctors and Christian medical services in the central Middle East in the early 'Abbāsid period was the essential context in which the Greek medical texts were translated and studied. The most conspicuous sign of this activity was the hospital, a public charitable facility that was unknown in antiquity. From the fourth century, Syriac Christians had promoted the charitable care of the sick and infirm in *xenodocheia*, or hospitals. This new institution was borrowed from Byzantium, where it had originated and was richly developed.¹⁶ Although there was not a comparable institutional specialization of charitable activity in the East during the early Middle Ages, the Christian *xenodocheion* was firmly implanted in Sassanian territory. Incidentally, as a Greek loan-word into Syriac, it is a good indication of the Hellenization of the Syriac Church at this time.¹⁷ We know from the Chronicle of Zachariah the Rhetor that such a hospital was built in the mid-sixth century, when King Khusraw Anūshīrawān gave unprecedented permission to the Catholicos to build a *xenodocheion* in his empire, and the shah provided it with funds and twelve physicians.¹⁸

Christian *xenodocheia* continued to be built in the Islamic era, and the Christian hospitals were naturally dependent on those who had received some medical education. The study of Greek medicine was apparently an ancillary subject in the East Syrian seminaries and was often studied as a useful 'science'. For example, Mār Ishō'-Yahbh, abbot of Bēth 'Abhē in the eighth century AD, worked 'in the hospital and hath learned all things which are needful for healing, who hath been made perfect in all the art of the healing of souls, and who hath become a friend of wise physicians'.¹⁹ The cleric, even the saint, employed the methods of a good doctor, or they knew when to refer the sick to a professional practitioner. Unfortunately, the only historical evidence for the close association of a Christian seminary where medical texts were studied and

¹⁵ Degen, 'Galen im Syrischen', 131–66.

¹⁶ Timothy S. Miller, *The Birth of the Hospital in the Byzantine Empire* (Baltimore, 1985).

¹⁷ See Sebastian Brock, 'From Antagonism to Assimilation: Syriac Attitudes to Greek Learning', in *East of Byzantium: Syria and Armenia in the Formative Period*, ed. Nina Garsoian et al., Dumbarton Oaks Symposium, 1980 (Washington, DC, 1982), 17–34.

¹⁸ *Historia Ecclesiastica Zachariae Rhetori*, ed. Ernst W. Brooks (CSCO, Scriptores Syri, 2nd ser., 2; Paris, 1919–21), xii. 7 *ad fin.* = *The Syriac Chronicle Known as That of Zachariah of Mitylene*, trans. F. J. Hamilton and E. W. Brooks (London, 1899), 331 f.

¹⁹ E. A. Wallis Budge, trans. and ed., *The Book of Governors: The Historia Monastica of Thomas, Bishop of Margā, A.D. 840* (2 vols.; London, 1893), ii. 392.

a *xenodocheion* is at Nisibis, especially in the sixth century. There is very little evidence for the supposedly famous medical school and hospital at Jundī-Shāpūr. On a more modest scale, there was probably in Jundī-Shāpūr, as in Nisibis, a seminary with an infirmary where Galenic medicine could be studied and the sick could be treated.²⁰ Unlike Nisibis, however, the doctors who were trained at Jundī-Shāpūr became prominent in the 'Abbāsīd period because of their proximity to the new imperial capital.

Despite the scarcity of historical evidence for medical education in the seminaries, there seems to have been a relatively large number of Christian physicians as bishops and court doctors in Persia in the pre-Islamic and Islamic eras. These court physicians played a crucial role in the development of Islamic medicine.²¹ The aulic Christian physicians served many needs of the 'Abbāsīd caliphs. They were, of course, useful as physicians to the royal family and the court, and they received extraordinary salaries. Their status as learned men enhanced the prestige of the court, as it always had, and their scientific interests were probably congenial to the rationalistic drift of Islamic theology at the early 'Abbāsīd court. They were also convenient instruments for governing a substantial portion of the population and, conversely, could act as intermediaries on behalf of the Christian population with the Muslim regime. Moreover, the Christians at court were able to bring about state intervention in the affairs of the Church for their own interests.²²

The continued establishment of Christian hospitals was surely due to the influence of the physicians at court and their direct financial support. The Christian physicians apparently took the initiative in promoting their profession as a way of overcoming the legal and communal disadvantages of *dhimmī* status; thus, they created a cultural and professional counterweight to the contemporary growth of the so-called 'Arab sciences'.²³ Beyond the preservation of the medical profession among the Christians, these endeavours may have been part of the competition with the West Syrians for adherents—not an unusual use of charitable services in the history of Christianity. Nevertheless, it is within this general historical setting that one can understand the active

²⁰ See Dols, 'The Origins of the Islamic Hospital: Myth and Reality', *BHM*, 61 (1987), 367–90.

²¹ Parenthetically, I am puzzled that there is absolutely no evidence of Jewish physicians and Hebrew medical texts, or their influence on medical events in Baghdad.

²² Michael C. Morony, *Iraq After the Muslim Conquest* (Princeton, NJ, 1984), 347, 375–80, 468, 509, 511, 513.

²³ Ursula Weisser, 'Zwischen Antike und europäischem Mittelalter: Die arabisch-islamische Medizin in ihrer klassischen Epoche', *MJ*, 20 (1985), 322.

patronage by the Christian doctors of the numerous Syriac translations of classical Galenic texts. It also sets the stage for the massive number of translations of Greek medical works into Arabic and the introduction of the Islamic hospital.

The translation movement in ninth-century Baghdad—from Sanskrit and Persian into Arabic as well as from Greek into Syriac and Arabic—reflects the competition between contending interest groups. Generally, the later medieval medical historians, and their modern successors, have emphasized the Arabic translations because of the eventual dominance of the Arabic texts and Muslim physicians. The Arabic translations have usually been represented as the results of altruistic patronage and disinterested scholarship. These accounts, however, obscure the self-interest of the Muslim patrons in the promotion of these translations, as in the case of the Syriac translations. This self-interest in a useful science is a more persuasive explanation for the remarkable, though poorly understood, receptivity of Islamic culture to ‘alien wisdom’.²⁴

This competition naturally took the form of a rivalry between medical systems. The Syriac doctors were in a strong position because of their tradition of medical study and practice as well as their personal relationship with the ‘Abbāsid caliphs. If we can judge from the stories of the famous writer al-Jāhīz, this sectarian expertise was also well known by the populace in early ninth-century Baghdad. Al-Jāhīz tells the story of a starving Muslim physician in the city who had no clients because, as he explains, he had a non-Christian name, he wore a white cotton cloak instead of a black silk one, and he did not speak the patois of Jundī-Shāpūr.²⁵ In other words, he was not a clearly recognizable Syrian physician.²⁶

The Syriac physicians obviously sought to strengthen their medical tradition by further translations. On the other hand, the competitors were relatively weak: neither a Zoroastrian medical tradition nor the Muslim tradition of Prophetic medicine was strong. It would appear that Prophetic medicine developed appreciably at this time in contention with Galenic medicine. Only the Indian medical system posed a possible

²⁴ See the discussion of this receptivity by Felix Klein-Franke in his *Vorlesungen über die Medizin im Islam* (Sudhoffs Archiv, 23; Wiesbaden, 1982), 68–70. Cf. Arnaldo Momigliano, *Alien Wisdom: The Limits of Hellenization* (Cambridge, 1978 repr.).

²⁵ Al-Jāhīz, *Kitāb al-Bukhālā’*, ed. G. Von Vloten (Leiden, 1900), 109 f.

²⁶ What this tale also indicates is that there were apparently Muslim physicians in early 9th-century Baghdad. The logical question arises: where did they receive their medical education? Surely not in Syriac seminaries, nor was apprenticeship in a Christian family business a likely possibility. The natural source were Muslim converts or those who had received their training in a newly created Muslim hospital.

challenge to Galenism and appears to have coexisted with Greek medicine initially in Baghdad. Prophetic medicine and the Indian system, of course, did survive the triumph of Graeco-Arabic medicine.

Indo-Persian medicine made a substantial contribution to Islamic *materia medica*, but its greatest contribution may have been its connection with the creation of the first Islamic hospital. We know that Hārūn ar-Rashīd (d. 193/809) and his vizier Yaḥyā ibn Barmak, were strong supporters of eastern culture and that the vizier promoted the translation of Indian medical works in the hospital that he founded in Baghdad in the late eighth century. It is this hospital that probably became the first Islamic hospital when the Barmakid family fell from power and their property was confiscated by Hārūn ar-Rashīd in AD 803. There is no contemporary evidence that connects the Christian doctors of Jundī-Shāpūr with the founding of any Muslim hospital, but in view of their number and influence in the capital, it is natural that they sought to staff any medical institution and that they succeeded in doing so. The early control of medicine by Christians and their contributions probably became palatable to Muslims after the tenth century, when all the extant works of Galen had been translated into Arabic and Muslim doctors had come to dominate the profession. Then, a more benign view could be taken of the Syrian Christian doctors of Jundī-Shāpūr, and there grew up the legend of their great medical centre in Jundī-Shāpūr and its connection with the first Muslim hospital.

The Christian doctors clearly promoted Galenic medicine, and from the early ninth century, they were able to define the profession and its practice in terms of Galenic teachings. The existence of the Syriac medical texts was both cause and effect of the impressive development of the Islamic hospital. On the basis of the translated corpus of Galenic texts, the Christian doctors were able to promote a truly medical institution, in the sense that the hospital was staffed by medical personnel who were free from religious constraints, either Christian or Muslim, to practise a rational system of medicine. By the ninth century, the teachings of Galen had themselves been simplified and codified into a coherent system of thought, specifically in the direction of a thorough-going emphasis on the physiological cause of illness and its physical treatment. The weight of Galenic learning also worked to separate the hospital with its secular patronage from Muslim religious control and from integration into Muslim education. The concentration on the Galenic texts, whether in Syriac or Arabic, remained an important feature of Islamic medicine, for Islamic society lacked any criteria for medical expertise except the doctor's demonstrated knowledge, primarily of

the Greek classics. For this reason, the works of Galen continued to be studied both inside and outside of the *bīmāristān*.

Muslim support for the Arabic translations of Galen and the new hospitals was the direct result of courtly patronage, and it remained so. Apart from the desire to train Muslim doctors and to found medical institutions, the promotion of Islamic medicine may have played a part in 'Abbāsīd competition with contemporary Byzantine emperors, who were well-known patrons of such charitable activity. On the local level, there may have been a rivalry with the charity of the Christian institutions, for the Muslims could hardly be upstaged in such charitable works for their co-religionists. Islam contains a strong obligation, comparable to that of Christianity, to be charitable to the poor and disadvantaged. Imperial patronage of such communal charity was a direct means of establishing or reinforcing political legitimacy. There was probably also a distinct need for Muslim charity because of the general failure of the obligatory alms tax (*zakāt*) to meet the demands of the increasing Muslim population, particularly in the burgeoning capital. Moreover, the absence of Christian monasteries as centres of social services in the new Muslim cities, such as Baghdad, and the subsequent decline of monasticism along with the Christian populations elsewhere in the 'Abbāsīd Empire was an added incentive for Muslim charity.

The classical Greek works themselves also contained a strong sense of the ethical basis of medicine. The value of human life and the integrity of the doctor were perhaps the most important legacy of Greek medicine to the Middle Ages and the modern era. Galen had consciously furthered these aspects of the ancient craft, particularly by promoting the status of the profession, and Christianity put even greater emphasis on the moral responsibilities of medical practice. Thereby, the Christians, as intermediaries between the Greek texts and the Muslims, provided 'the first and decisive stimulus for Muslims to become aware of medicine's duties to society'.²⁷ Although an undeniable tension always existed, in varying degrees, between Galenic medicine and Islam, as it did in Christianity, Galenism was believed by many to be a valid and useful form of healing that was not incompatible with religious faith. With regard to medical doctrine, Galen's monistic view of the body and the soul was also consistent with monotheistic beliefs.

Thus, for a number of reasons, Galenism was strongly promoted by Syrian Christians and, then, by Muslims in the Middle East. The Christian background helps considerably in explaining the development

²⁷ Franz Rosenthal, *The Classical Heritage in Islam* (London, 1975), 183.

of many features of Islamic medicine, especially the hospital. And it is within the Islamic hospital that unique provisions were made for the insane. As will be shown, Galenic theory found concrete expression in institutional care. We must first turn to the elaboration of Galenism, especially the notion of madness, by Islamic doctors and, then, to reports of medical treatment of the insane.

THE REFORMULATION OF GREEK MEDICINE

Galen's views on mental illness became well entrenched in late antiquity, if we can judge from the Byzantine Greek and Syriac medical texts. The famous physician ar-Rāzī (d. 313/925) benefited from the translation of many of these texts into Arabic as well as the original works of Galen. He also profited from his personal experience, particularly in the new Islamic hospitals in Rayy, his birthplace, and in Baghdad. His massive collection of citations from Greek, late antique, and Indian authors on pathology, therapy, and pharmacology, known as *Kitāb al-Ḥāwī*, or *Continens* in Latin translation, provides good evidence of the process by which foreign medical knowledge was reworked, together with clinical experience, into what is called Islamic medicine. Ar-Rāzī did produce a typical encyclopaedia of medical knowledge, *Kitāb al-Manṣūrī*, but it is not as revealing as the *al-Ḥāwī* about the reception of primarily Greek medicine.¹ Regarding the issue of mental illness, we can see in *al-Ḥāwī* what information was inherited from the past, what was added by ar-Rāzī, who tried to avoid speculation, and, when we turn to later works, what became medical doctrine.²

The *Kitāb al-Ḥāwī* was actually a vast notebook that served as the basis for ar-Rāzī's teaching and his numerous works, but he probably never intended it to be published by his students.³ The disadvantage of *al-Ḥāwī* is its repetitive, laconic, and somewhat chaotic enumeration

¹ See *MI*, 132.

² Unfortunately, modern secondary literature that surveys mental illness in Islamic medicine is quite superficial. See Zaki Ali, 'La Psychothérapie dans la médecine arabe', *Bulletin; Société française d'histoire de la médecine*, 30 (1936), 268–72—largely taken from E. B. Browne's *Arabian Medicine* (Cambridge, 1921; repr. 1962); K. S. Durrany, 'Arab Psychiatry', *Studies in the History of Medicine* (1980), 214–24; Sleim Ammar, 'La Médecine de l'âme chez les Arabes', *Verhandlungen des XX. Internationalen Kongresses für Geschichte der Medizin*, Berlin, 22–27 August 1966 (Hildesheim, 1968), 315–22; Ellen Bay, *Islamische Krankenhäuser im Mittelalter unter besonderer Berücksichtigung der Psychiatrie* (Düsseldorf, 1967), 38–47; Arslan Terzioğlu, *Mittelalterliche islamische Krankenhäuser unter Berücksichtigung der Frage nach den ältesten psychiatrischen Anstalten* (Berlin, 1968), 18–25; J. B. Ullersperger, *Die Geschichte der Psychologie und der Psychiatrik in Spanien von den ältesten Zeiten bis zur Gegenwart* (Würzburg, 1871), 32–58.

³ *MI*, 128–36; *GAS*, iii (1970), 274–94; *DSB*, s.v. 'al-Rāzī' (Shlomo Pines).

of citations; its advantage, aside from laying bare the foundations of Islamic medicine, is the occasional but quite valuable remarks by ar-Rāzī on his sources, drawing freely on his own extensive medical experience.⁴ The later, standard medical encyclopaedias of the classical period were generally very schematic and lacked both attributions to sources and personal empirical data.

Thoroughly conversant with Galen's works, ar-Rāzī took Galen as his exemplar and drew heavily on his teachings. The medical topics in the *Kitāb al-Ḥāwī* usually begin with extensive quotations from Galenic works, which are followed by briefer citations from many other authors, and, then, ar-Rāzī makes his own comments. With regard to mental disturbances, ar-Rāzī frequently refers to Galen's *De locis affectis* (*Kitāb al-A'ḍā' al-ālīma*). The first book of *al-Ḥāwī* deals with mental pathology, and four of its chapters are particularly relevant to the general question of mental disorders, and insanity in particular. Chapter 3 is devoted to melancholia, chapter 4 to the temperaments, and chapters 9 and 10 to lethargy, phrenitis, catalepsy, madness, lycanthropy, delirium, insomnia, and mental disorders occurring with inflammation. Consistent with the general nature of the notebook, the chapters are quite informative about the received wisdom on these topics and ar-Rāzī's opinions about them.⁵

The major source for ar-Rāzī on these subjects is predictably Galen. The other authorities that he cites are Hippocrates, Plato, Rufus of Ephesus, Ahrun ibn A'yan al-Qass (a physician-priest who lived in Alexandria in the first half of the seventh century),⁶ Paul of Aegina (a physician of Alexandria in the early seventh century),⁷ Alexander of Aphrodisias (a second/third-century Aristotelian philosopher),⁸ Shem'ōn de-Ṭaibūtā (an Eastern Christian priest and physician of the late eighth century),⁹ Ibn Māsawayh (d. 243/857),¹⁰ Oribasius (d. AD 403, physician and librarian to Julian the Apostate),¹¹ Aghlūqan (?), Ibn Sarābiyūn (the author of a large handbook of medicine in Syriac about AD 873 that was translated into Arabic),¹² Alexander of Tralles (d. AD 605),¹³ a mysterious figure known as al-Quhlūmān,¹⁴ Ishāq ibn Ḥunayn (d. 298/910,

⁴ e.g. Max Meyerhof, 'Thirty-three clinical observations by Rhazes (circa 900 A.D.)', *Isis*, 23 (1935), 321–56, plus 14 pages of Arabic text.

⁵ *Al-Ḥāwī*, i. 61–86, 184–222.

⁶ *MI*, 87 ff.

⁷ *MI*, 86 f; *DSB*, s.v. 'Paul of Aegina' (P. D. Thomas).

⁸ *MI*, 65 *et passim*; *DSB*, s.v. 'Alexander of Aphrodisias' (Philip Merlan).

⁹ *MI*, 100 f.

¹⁰ *MI*, 112–15.

¹¹ *MI*, 83 f; *DSB*, s.v. 'Oribasius' (Fridolf Kudlien).

¹² *MI*, 102 f.

¹³ *MI*, 85 f; *DSB*, s.v. 'Alexander of Tralles' (Fridolf Kudlien).

¹⁴ *MI*, 107.

Christian physician and translator under his famous father),¹⁵ Abū Jarīh (?), an unidentified author known as Bīdīghūrīs,¹⁶ Yaḥya ibn Baṭrīq (an early ninth-century translator and author of medical works),¹⁷ Dioscorides (the famous first-century pharmacologist),¹⁸ Jurjīs ibn Jibrīl ibn Bakhtīshū' (d. after 151/768, Syriac physician to the 'Abbāsid caliph al-Manṣūr and founder of a medical dynasty),¹⁹ Qusṭā ibn Lūqā al-Ba'labakkī (d. 300/912, Christian polymath and translator),²⁰ 'Alī ibn Rabbān aṭ-Ṭabarī (d. 240/855),²¹ 'the Jew' who is probably to be identified with Māsarjawayh,²² Philagrius (first half of the fourth century),²³ and the *Kunnāsh al-Khūz*, a Syriac medical handbook of the doctors of Jundī-Shāpur.²⁴ This impressive list of authors spans the development of Greek medicine from Hippocrates to the ninth century AD.

Despite this formidable number of sources, ar-Rāzī appears to have relied heavily on Rufus of Ephesus for his interpretation of melancholia, as Galen had done.²⁵ Ar-Rāzī did not have the use, however, of the Greek original but only a poor Arabic translation of Rufus' treatise.²⁶ In chapter 3 on melancholia ar-Rāzī also quotes from monographs on melancholia by Alexander of Tralles, Ibn Māsawayh, and Ḥunayn ibn Ishāq. In his patchwork of quotations, ar-Rāzī begins by giving Galen's statement that melancholic delusion (*al-waswās as-sawdāwī*) is from black bile and not from phlegm or the burnt yellow bile. Ibn Sarābiyūn is cited for the standard definition of melancholia as a delusion without fever. Following Rufus' 'anatomy of melancholia', the illness might arise from the bilious blood in the brain alone or the whole body. The blood is either burnt in the brain, or the scorched blood of the body rises to the brain. Melancholia is often caused by an acute illness in the head, such as over-exposure to the sun, phrenitis, or continual headache, which heat the brain, or from prolonged insomnia.

The third type of melancholic delusion, originating in the epigastrium, was known in Arabic as *murāqan* or *murāqīya*, 'ascending', or hypochondriac melancholia. Ibn 'Imrān refers to this type of melancholia as *sharāsīfī*.²⁷ Its special symptoms were bad breath, flatulence, eructation, indigestion, and epigastric pain. The melancholic vapours ascended from

¹⁵ *MI*, 119; *DSB*, s.v. 'Ishāq ibn Ḥunayn' (Nabil Shehaby).

¹⁷ *MI*, 326.

¹⁸ *MI*, 257–63; *DSB*, s.v. 'Dioscorides' (J. M. Riddle).

¹⁹ *MI*, 108; *EI2*, s.v. 'Bukhtīshū' (D. Sourdel).

²⁰ *MI*, 126 ff.; *DSB*, s.v. 'Qusṭā ibn Lūqā' (E. Ruth Harvey).

²¹ *MI*, 119–22; *DSB*, s.v. 'Al-Ṭabarī' (S. Hamarneh).

²² *MI*, 23 f.

²³ *MI*, 79 f.

²⁴ *MI*, 101.

²⁵ See the excerpts of Rufus in Rosenthal, *The Classical Heritage in Islam*, 197–201.

²⁶ Flashar, *Melancholie*, 88; *MI*, 73.

²⁷ 'Imrān, p. 1/90a.

the stomach to the brain.²⁸ Depression (*ka'āba*) and delusions occurred, according to Galen, because of the melancholic vapours reaching the brain, so that one man thought that he had become a pot, another that he was a rooster, and another believed the heavens were falling; some loved death and others feared it constantly. Sometimes it excited passion (*shahwa*), and sometimes it did not. The anxiety and despair were damaging to the psychic spirit. Ar-Rāzī did not believe inflammation in the stomach was important in causing this type of melancholia; as Galen had said, the major cause was a diseased spleen. Others attributed the increase of black bile to a defective liver or the victim's regimen. According to ar-Rāzī, a destructive vapour burned the mouth of the stomach and caused indigestion, stomach pain, and a craving for food.

It was believed that some people were predisposed to melancholia. Rufus said that melancholia appears in men more frequently than in women; if it appears in women, they suffer from greater fantasies and anxieties. It does not affect young people, rarely boys and juveniles. As for the middle-aged and old, it occurs especially to them, particularly the elderly. Melancholia is almost an expectation of old age because the old are, by nature, narrow-chested, joyless, of bad disposition, and suffer from ruinous anxieties and inflation of their stomachs, which were the symptoms of melancholia. The least probable time for melancholia is the winter because of good digestion at that time; summer loosens the stomach and dissolves the surpluses or superfluities in the body. Ar-Rāzī says that the spring is the worst time for melancholia because it is the nature of the season that the humours are stirred up and increased, and those with black blood are particularly vulnerable. The spring causes a corruption of the blood, not the brain, although the bilious blood may reach the brain. Many foods induce black bile in the body and should be avoided, such as most kinds of meat, cabbage, garlic, watercress, lentils, and mature cheese.

As we have seen, Rufus, in his monograph on melancholia, had said that it was desirable to treat the illness, if possible, at its outset—before the black bile gained strength and the patient was still responsive to treatment. If untreated, the symptoms of melancholia progress from fear and obsessive behaviour to hallucinations to violence. If hot, painful, and itchy abscesses appear on the body of the melancholic, it indicates his imminent death. Ar-Rāzī quoted from Rufus a full picture of the signs of melancholia, which are frequently repeated in later Islamic medical texts.²⁹ Ar-Rāzī mentions the numerous psychological symptoms of

²⁸ On the Arabic terminology for vapours (*buhhār, dukhān*), see 'Imrān, pp. xxix–xxx.

²⁹ Rosenthal, *The Classical Heritage*, 199–200: 'A sign of incipient melancholia is the craving

melancholia that are given by his predecessors. Shem'ōn's description is typical: sorrow, sadness, fear, irritation, misanthropy, love of seclusion, and discontent with oneself and others. Ibn Sarābiyūn adds excessive love (*walū*). Some of the other characteristics attributed to melancholics were defective speech, rage, redness of the skin, thickness of the lips, widening of the veins, hirsutism, especially on the chest, and the thickness and blackness of the hair. Ar-Rāzī comments: 'I did not see anything worse in this illness than the loneliness. I have seen the melancholics sitting alone, and they worsen. It is undesirable for them to sit with other melancholics, but there are among them wise men who talk to them about what is right and advise them about offences in their conversation.'³⁰

Thus, the consensus of the authorities assembled by ar-Rāzī was that melancholia is caused by the intensification or burning of the black bile humour that ultimately reached the brain and damaged it. Again, the condition could arise in the brain itself, the blood of the entire body, or the stomach region. The treatment was intended to remove the burnt bile or oppose its qualities, particularly its dry quality, by various methods.

In the cases of the affection of the brain and the blood, ar-Rāzī advised the moistening of the body. The melancholia arising in the head should be treated with successive baths and especially fomentations of the head and a moist regimen; if it becomes chronic, different treatment is necessary. If the burnt or melancholic blood is in the entire body, the afflicted should be bled and, then, evacuated by purges and/or emetics,

to be alone, without any cause or visible need for it of the kind that the healthy can sometimes have, because they love scientific research or want to keep secret what must be kept secret. One must look around for a common sign and then start treatment immediately, since melancholia can easily be treated at the beginning, but once it has settled in, it is extremely difficult to treat. The first sign from which you can conclude that someone is suffering from melancholia is that he becomes angry, sad and anxious more quickly than usual and likes to be alone. If this is combined with the accompanying circumstances which I am about to describe, you can feel confirmed in your supposition. For the patient cannot open his eyes properly, as if he were day-blind. The eyes of melancholics are somewhat rigid, their lips thick, their complexion brown, little hair on their body, their chest and adjacent parts of the body strongly developed, their belly below shrunken. Their movements are powerful and quick, and they can do nothing slowly. They lisp, and their voice is thin. They speak quickly, with a swift movement of the tongue. Not every melancholic vomits or shows a black liquid in his excrement. Rather, phlegm appears most frequently. When something black appears in the stool, it shows that something like it predominates, and a large amount of it is present in the body. Their sickness then abates slightly, though with some the illness abates with the excretion of phlegm rather than with the excretion of the black liquid. The black liquid betrays its presence by vomiting or in the stool or urine or by abscesses and various kinds of rashes on the body or by the bleeding of haemorrhoids. Frequently, they also have varicose veins. Those among whom no black liquid appears are more difficult to treat. Even when the excretion of phlegm gives them relief, the black liquid still exerts control over them, and one must try to purge it.'

³⁰ *Al-Hāwī*, i. 84.

but not when the illness is only in the head. At one point, ar-Rāzī says that if you bleed the person and do not see that the blood is black, then you know that your guess was wrong! If it were black, you are to increase its removal. Also the haemorrhoids should be made to flow, if they exist, and the flow of urine should be encouraged. If there were pain in the ribs, fomentations, compresses, or bandaging with a selection of herbs should be applied. Some authors advised cupping and incision.

Hellebore, both black and white, is frequently mentioned; it was commonly used in antiquity for many illnesses, especially mental disorders, and Galen recommended its use as a purgative to cleanse the body.³¹ Ar-Rāzī felt that a stronger treatment was necessary when the stomach was affected along with other symptoms. At the end of chapter 3 (*Al-Hāwī*, p. 83), he observed that the 'ancients' had indeed used hellebore extensively, but he preferred Armenian stone because its use was not confined to melancholia and it was not so dangerous. Armenian stone could be used both as a purge and as an emetic, and he gives a description of its different preparations. Moreover, foods that generate black bile should be avoided as well as an improper regimen. Nourishment should increase bodily phlegm.³²

Concerning hypochondriac melancholia especially, a regimen should be employed that decreases the production of black bile; the eating of light, cold, and easily digestible foods and beverages, like oxymel, was recommended. Oxymel was a common remedy in antiquity and its popularity persisted in Islamic medicine; it is often cited as being useful against melancholia and mental disorders generally.³³ The objective was to lessen the burning in the stomach. The liver also should be cooled and the spleen strengthened in its attractive faculty. In general, moderate drinking was highly recommended by Galen because it fortified the psychic spirit. It is said that wine was highly desirable for this illness, if it were permissible, for it alone contains everything that is necessary for the malady's treatment. *Aftimūn* (from Gr. *epithumon*, 'growing on thyme'), dodder of thyme,³⁴ is often recommended for purging the body

³¹ See Henri Leclerc, 'Histoire des ellébore et de l'elléborisme', *Janus*, 22 (1917), 223–38.

³² For the preparation of medicines and the Arabic terminology, see 'Imrān, pp. xix–xx; *EI*2, s.v. 'Adwiya' (B. Lewin).

³³ e.g. as-Sulamī, Muwaffaq ad-Din 'Abd al-'Aziz, *Imtihan al-aṭibbā'*, fo. 34b. of Vienna MS Mixt. 1408, 1. Edition and English translation by G. Leiser and N. Al-Khaledy are forthcoming.

³⁴ Arab. *Kushūth*, usually identified with *Cuscuta Epithymun*, Linn., a parasitic plant upon heath, furze, thyme, and other small shrubby plants. 'The plant used medicinally in India as *Aftimun* is imported from Persia, and appears to be a larger species, probably *C. europea*, Linn., which is a native of Europe and of Western and Central Asia. Mahometan physicians consider this drug to be alterative and depurative, a purge for bile and black bile, useful in all affections of the brain such as fits, melancholy, insanity, &c.' (William Dymock *et al.*, *Pharmacographia*

of pituitous humours and black bile on the authority of Dioscorides, and together with aloes, it should be used every day. One should bath before eating and be bled at the beginning of the illness. Afterward the black bile could be extracted by colocynth and black hellebore; vomiting was essential. Some authors mention cupping of the splenic region, massage, and numerous medications. The purges should eliminate the black bile, strengthen the mouth of the stomach, and decrease flatulence. The mouth of the stomach, particularly, should be fortified every day with wormwood and frankincense. If food became corrupt in the stomach, vomiting was recommended, especially before meals. To strengthen the brain, the melancholic should inhale invigorating scents—concoctions of musk, camphor, saffron, aloes, sugar, and so forth.

A wide variety of plants and minerals is mentioned in the *materia medica* for melancholia, especially strong drugs for removing the black bile, soporifics for the insomniac, and narcotics for calming the agitated. For example, one electuary named *aṣ-ṣaḥaḥ* contained many of the recommended substances that are mentioned recurrently in the texts; it was an 'astonishing *ma'jūn*' for removing melancholia and vertigo. The compound included dodder of thyme, polypody,³⁵ Armenian stone, Kābulī myrobalan, agaric, lavender,³⁶ Indian salt, pulp of colocynth, myrobalan, yellowish thyme,³⁷ black hellebore, and turpeth;³⁸ it should be kneaded with oxymel made with honey (*Al-Hāwī*, p. 74). Also, among a number of herbs suggested by Bīdighūrīs for elimination of black bile was hyacinth bean cooked in a chicken broth.³⁹

There is repeated discussion of psychic treatment in the various excerpts. Galen is quoted as saying that no treatment was more lasting in relieving melancholia than activities or sudden concerns that occupy the mind of the afflicted. Ar-Rāzī agreed. Inactivity and dwelling on the past were the greatest causes of melancholia. Ar-Rāzī comments that a man complained to him and asked to be treated for melancholia. Ar-Rāzī replied: 'I asked the man how he felt, and he said that he thought about God the Almighty and how things were created. I told him that these were matters that all wise men think about. He recovered immediately, for he had doubted his reason and was about to be overtaken by his

Indica (London, 1890; repr. *Hamdard*, 15 (1972))). The active principle is quercetin. Cf. 'Imrān, p. 197, no. 7.

³⁵ Pers. *basfāyaj*: Polypodium. See 'Imrān, p. 198, no. 15.

³⁶ *Istūkhūdūs*: Lavandula Stoechas L. See 'Imrān, p. 197, no. 3.

³⁷ *Hāshā*: Thymus vulgaris. See 'Imrān, p. 199, no. 35.

³⁸ *Turbid*: Convolvulus turpethum. See 'Imrān, p. 199, no. 25.

³⁹ He also commends (*al-Hāwī*, i. 85 f.) *mādhriyūn* (?), euphorbia (*yattū'āt*), mustard (*khardal*), hellebore (*kundus*), and kid; Ibn Māsawayh recommended safflower (*qurṭum*), garden-beet (*silq*), and thyme; and Rufus, tepid water.

anxiety. More than once I have treated a patient by dissipating his obsession'.

The illness should be treated with active endeavours, including hunting, chess, drinking, singing, competitive sports, travel, and similar things. These activities keep the spirit busy and away from deep thoughts, for 'the spirit, if it is emptied, thinks about profound, remote things, and if it dwells on them, it does not have the power to overcome the illnesses that sadden, distress, and worry the reason. If these signs increase and strengthen, it would be melancholia.' Ar-Rāzī seems to say that extensive travel is useful because it changes the temperament, improves the digestion, and distracts one's thoughts.⁴⁰ He also comments that melancholia may exist while there is no disturbance of the humours; in this case, no medication is necessary, for the condition is caused by the melancholic's concern over a trifling matter, and he should be diverted from the matter.

Because of the juxtaposition of disparate sources, there are naturally inconsistencies on points of theory and therapeutics. For example, aṭ-Ṭabarī is quoted as saying that delusion was caused by the qualities of heat and dryness, i.e. yellow bile, and that melancholia was not delusory but was fear and false opinions. There were also differences of when and where to bleed the patient; the types and qualities of evacuants; and instructions for the regimen. Furthermore, ar-Rāzī could not be expected to cite every possible predecessor on the subject of melancholia, but, in one instance, the fact that he never mentions the *Kitāb adh-Dhakhīra* raises doubts that this well-known early compendium of medicine was actually written by Thābit ibn Qurra (d. 288/901).⁴¹

Generally, the cited works in this chapter are primarily concerned with the hypochondriac form of melancholia. Ar-Rāzī says that Rufus only mentioned the epigastric type of melancholia. Ar-Rāzī was surprised that Galen did not say that Rufus failed to mention any other

⁴⁰ See also ar-Rāzī, *Guide du médecin nomade*, trans. El-Arbi Moubachir (Paris, 1980), 147.

⁴¹ *MI*, 136. In this early compendium, melancholia is discussed briefly and incompletely, and madness not at all. Melancholia, along with leprosy and epilepsy, is considered to be hereditary; it is caused by a bilious temperament of the body or the malfunctioning of the spleen that causes the hypochondriac form of the disease. The initial symptoms are evil thoughts, loneliness, cowardice, distrust, and despair. Following Galen, the patient should be purged; blood-letting is recommended for both types of the illness but from different sites, as well as a proper regimen, bandaging of the spleen, and drugs because it is difficult to cure. See Thābit ibn Qurra, *Kitāb adh-Dhakhīra*, ed. Gorgy Sobhy (Cairo, 1928), 28–31; Max Meyerhof, 'The Book of Treasure, an early Arabic Treatise on Medicine', *Isis*, 14 (1930), 61, 63. Meyerhof points out (n. 21) that *ābilīsiyā*, which follows the discussion of melancholia, is the psychical form of epilepsy from the Greek.

type and no other treatment than for this kind of melancholia.⁴² Ishāq ibn 'Imrān also says in his monograph on melancholia that Rufus only dealt with one form of melancholia, the epigastric, and failed to mention the other two;⁴³ yet a few pages later, Ibn 'Imrān quotes Rufus as saying: 'My discussion of one kind of melancholia is combined with and closely connected with the two other kinds with regard to symptoms that I mentioned and the treatment that I described.'⁴⁴ Rufus was aware of the other two aetiologies but emphasized the epigastric because the symptoms and therapy of all forms of melancholia were the same, and detailed presentation of one was sufficient. Paradoxically, the concentration of Rufus on only one form of melancholia and the extensive description of cases, as we have seen, may help to explain his treatise's eventual neglect by medieval Islamic doctors.

Chapter 4 of ar-Rāzī's work is mainly concerned with the effects of temperament on the functioning of the brain. All the diseases of the temperament are due to excesses of the qualities, and ar-Rāzī advises on how to improve the senses, movement, and intellect. He quotes from Galen's *De locis affectis* to the effect that the failure of memory, thought, and imagination were the result of a bad temperament (*sū' al-mizāj*) in the brain. Although ar-Rāzī appears to be critical of Galen's views on the effects of an unhealthy temperament on mental functioning, he proceeds to quote Galen's correlation of the eight possibly injurious temperaments in the brain with their symptoms: a hot temperament produces mental confusion; cold produces failure of psychic activity and a decrease of senses and movement; dry causes insomnia; moist creates lethargy; hot and dry produce mental confusion with insomnia; cold and moist bring about failure of movement with lethargy; hot and moist cause mental confusion with sleepiness; and cold and dry create failure of movement and insomnia. If the predominance of a quality or qualities were serious, a bilious phlegmatic mixture would flow from the mouth, ears, and nose. Most of the chapter is devoted to medications whose opposite qualities act against the harmful temperament; obviously, ar-Rāzī believed that some forms of mental disturbance were remediable.

Together with the causation of mental dysfunction by black bile, the temperaments offered a related explanation and therapy, which called for close attention to the patient's regimen. The two aetiologies are, however, incompatible. Nevertheless, ar-Rāzī comments that the dry temperament always makes the spirit stronger and quickens bodily movement, but it is injurious to the mind and, if it is excessive, needs to

⁴² *Al-Hāwī*, i. 78 f.

⁴³ 'Imrān, p. 1/fo. 90a.

⁴⁴ 'Imrān, p. 22/fo. 96b.

be treated. He also says that cerebral illnesses may be caused by the decrease in its *kamiya*, as in the senile.

Chapter 9 is devoted primarily to lethargy (*lytharghus*, *ṣabāt*, or *shukhūṣ*) and phrenitis. Ar-Rāzī says that the symptoms of lethargy are heaviness of the head, ringing in the ears, constant yawning, facial distortion, sleepiness, forgetfulness, folly (*balāda*), and sluggish speech; unlike phrenitis, there might be only a slight fever. Associated with lethargy were *qāṭūkbis* (catochus or catalepsy), which is compared to a stroke, and *jumūd* (apathy). The general condition is caused by the dominance of phlegm in the brain, so that cold and moist qualities should be avoided.

Chapter 10 deals with phrenitis, madness (*junūn*), lycanthropy (*quṭrub*), raving (*hadhayān*) accompanied by insomnia, various forms of insomnia, and mental confusion (*ikhtilāt*) with inflammation in the head and the other parts of the body. The common denominator of these disparate conditions is largely the yellow bile that served as the aetiological source. Ar-Rāzī quotes extensively from Galen on phrenitis but the issue is complicated because of the serious terminological confusion about the term that is found in Islamic medicine. As Manfred Ullmann has pointed out, the Arabic translators did not create in this case a clear, commonly shared nomenclature for the illness.⁴⁵ The confusion of oriental terms for phrenitis was largely due to the basic uncertainty, as we have seen in Galen, about what illness specifically was intended by this name, beyond the presence of fever delirium. Nevertheless, the Greek word *phrenitis* was taken over into Arabic directly as *farānītis*; the diacritical point of the first letter was soon corrupted to a *qāf*, so that it was written by ar-Rāzī, Ibn Sīnā, and other doctors as *qarānītis*. At an early stage, Persian words were also used for phrenitis. In Arabic translations of some works of the Hippocratic corpus and of Byzantine doctors, *birsām* always meant *phrenitis*. *Birsām* is from the Pahlavi *war*, 'chest', and *sām*, 'inflammation, illness' and therefore means chest inflammation or pleurisy. *Birsām* was, however, often identified with *sirsām*, which was a compound of *sar* meaning 'head' and *sām*, so that the word meant 'head inflammation'. Ullmann attributes the confusion of the two words to their frequent use in pre-Islamic Arabic poetry. In some texts *sirsām* and *birsām* were used one after the other, and their authors intended the two words as two different illnesses. Ar-Rāzī and other medical writers, however, used the two words as being fully synonymous. Ar-Rāzī distinguishes the two terms

⁴⁵ *IM*, 29 f.

by saying only that the common people say *birsām* for phrenitis, while the trained doctors would use *sirsām*;⁴⁶ this view is echoed by another Persian, Ibn Sīnā, in his *Qānūn* (see below). In another place, however, ar-Rāzī says that the word *birsām* is used for two illnesses, for *shawṣa*, a kind of pleurisy, and for meningitis; the latter is also called *sirsām*.⁴⁷

Ar-Rāzī quotes Alexander of Tralles' discussion of phrenitis (*birsām*) at length. It is said to be an acute illness with fever that is caused by the inflammation of the cerebral meninges; ultimately, it is caused by yellow bile, which brings about delirium. Raving (*badhayān*) is associated with madness and is non-febrile and chronic; the wickedness of the madman is dependent on the amount of burnt yellow bile. Furthermore, according to ar-Rāzī, phrenitis can change to lethargy and to consumption, and he gives the symptoms.

A quotation from Ibn Sarābiyūn illustrates the common connection that was made between phrenitis (*qarānūṭis*) and madness (*māniyā*), particularly severe madness (*al-junūn al-hā'ij*). They were believed to cause a similar pain; they were distinguished, however, by the fact that mania did not have fever and phrenitis did. They both had the symptoms of insomnia, anxiety, and delirium, and the pulse was firm. Ibn Sarābiyūn recommended that, in either case, the head of the ill should be shaved, then bathed; the liquid should be prepared with the root of the mandrake and poppy seeds, and the patient's head should be fomented on the fifth day several times. Subsequently, the head should be rubbed with various types of oil. Other liquids might be dripped on the head to induce sleep and quiet the patient's rage. When the patient is awake, one should gather around him his friends before whom he is ashamed, lest his derangement increases and becomes habitual.⁴⁸ The lower limbs should be massaged, the stomach moistened, and the patient bled and purged with a potion made of myrobalan.⁴⁹

Commenting on Galen's assertion that many people become confused when their heads are overheated by the sun, ar-Rāzī says that this mental confusion is invariably inclined toward madness, being purely an affliction of the brain, but its symptoms are often associated with other illnesses. Many of these cerebral symptoms are the consequences of inflammation in the region of the brain, like phrenitis and tertian fever when their fevers are quite high, inflammation of the diaphragm and bladder, pleurisy (*dhāt al-jarab*), or any serious ailment. What ar-Rāzī is surely observing are manifestations of fever delirium that are the sequelae of numerous illnesses. On the other hand, the various forms of

⁴⁶ *Al-Hāwī*, xv. 65.

⁴⁸ The reading of this sentence is uncertain.

⁴⁷ *Ibid.* i. 219.

⁴⁹ *Al Hāwī*, i. 208.

fever delirium outwardly resemble the signs of non-febrile, psychic illnesses.

There is common agreement among the quoted authors that these psychic disturbances can be wholly accounted for by the humoral theory, specifically the changes in the yellow and black biles. There is, however, no recourse to psychological explanations and treatments, as there is in the discussion of melancholia. An implicit distinction appears to be drawn between serious mental derangement, *ikhtilāṭ* as ar-Rāzī calls it, and melancholia: the former was a loss of reason, whereas in melancholia and related conditions reason had only gone astray. Madness in its various forms, such as raving and hydrophobia, was just as much a pathological condition as phrenitis.

Ar-Rāzī quotes considerably from Hippocrates' *Prognostikon* on insanity (pp. 195 ff). Madness (*junūn*) appears in the autumn particularly because of the abundance of the ruinous yellow bile at that time. Ar-Rāzī says that the common people call someone *majnūn* who is afflicted by epilepsy, melancholia, or mental confusion, but that between these three conditions there are great differences. The epileptic is healthy except during attacks of the disease. The melancholic does not have insomnia, does not eagerly approach other people, and is not very confused in his speech, and sometimes he is no different from the healthy except for his brooding over trifling things. If it is prolonged, it causes a serious confusion (*takhlūt*), yet even in that state the patient imitates the sane (*'āqil*) although fear, anxiety, and grief are inseparable from his affliction. As for madness, its victim is characterized by jumping about, quick and vigorous movements, insomnia, and persistent mental confusion. Hippocrates is apparently cited as saying that mental confusion is always accompanied by insomnia, boldness, and malice because it is caused by black bile; yet, the predominance of black bile is also judged by the rest of the signs. Ar-Rāzī comments that the black bile is the one created by the burning of the yellow bile. Furthermore, of diagnostic aid, he says that, if the urine were white and thin and is accompanied by fever from brain inflammation, it was a sign of ruination. Ar-Rāzī did not know anyone in this state who was curable. It was best in these illnesses if you could see the black bile being passed in the urine. Also, if one could observe after the onset of madness a difference in the blood, the appearance of dropsy, or increased derangement (*ḥaydra*), it was a good sign. He quotes Galen that the recovery from madness may occur as a result of dropsy and a change in the blood because the surplus had been shifted from the head to the stomach. *Ḥaydra* means a very serious form of madness, which may indicate a crisis, as in other illnesses. Ar-Rāzī

says, however, that dropsy does not transfer the surplus of bile to the stomach, but the liver becomes cold, which cools and moistens the rest of the body. There are other possible causes for mental confusion. Galen says that it may arise from hunger and evacuations; ar-Rāzī attributes it to the lack of psychic spirit. Obviously, mental disturbances could be explained in a bewildering variety of ways.

As for treatment, a quotation apparently from Māsarjawayh states that those who suffer from mental confusion were curable if their heads were fomented and they inhaled opium. Both forms of therapy were common because of the desire to improve the condition of the brain directly. Opium (*afyūn* from Gr. *opion*), either to be drunk or inhaled, is frequently recommended on the authority of Galen's *Theriac for an Emperor* (*at-Tiryāq ilā qayṣar*)⁵⁰ and was presumably used as an antidepressant.⁵¹ Ar-Rāzī says that opium should be drunk for illnesses that involve insomnia because it is soporific, it calms agitation, and it lessens decomposition. It should be accompanied by moistening of the body and strengthening of the head. Other less potent herbs were used apparently with success. A doctor reported to ar-Rāzī that his wife suffered from a chronic derangement; she was treated with various things, but nothing worked until she was given bryony (*fāshrā*) to drink every day, and she recovered each time. Bleeding was also common. Ar-Rāzī says, drawing expressly on his hospital experience, that if he saw an individual with serious derangement, where it was not accompanied by a dominant insomnia and the face and head were flushed, he bled him in the saphena vein (p. 210).

The treatment for raving (*hadhayān*) and rabies (*kalab*) suggested by She'mōn is similar to that for madness. The patient's head and extremities should be bathed with heated elecampane, and milk should be dripped on his head. His regimen should be moist and cold, and he should be bled from the nose if there were an inflammation in the brain. Ar-Rāzī may be describing a case of hydrophobia when he says that an illness may occur like phrenitis except that there is no fever, the body is not hot, and the patient is very restless, short of breath, and very agitated. He jumps around, clings to everything he finds, wants to climb the walls, and continues to act in this manner, no matter how difficult. He is very thirsty but does not drink; anything would strangle him because of his strong need for spirit. If he drank water, he swallowed it

⁵⁰ *MI*, 49.

⁵¹ *EI2*, s.v. 'Afyūn' (C. E. Dubler) and *EIr*, s.v. 'Afyūn' (S. Shahnavaz). See the discussion of opium below.

and then regurgitated it. Sometimes the tongue and face turned black. Ar-Rāzī states that he never saw a successful treatment for this illness or knew anyone who had recovered from it.

The concept of lycanthropy (*quṭrub*) was not derived by Islamic doctors from Galen but from the translation of the work of Aetios of Amida, a sixth-century Byzantine physician,⁵² or an unknown compilation that was dependent on his work; in turn, Aetios had taken the idea of werewolfism from Marcellus of Side.⁵³ In general, *quṭrub* could mean madness; for 'one could say: "in him is a *quṭrub*", i.e. "he is mad" (*biḥi junūn*)'.⁵⁴ Specifically, it meant a particular illness. Descriptions of lycanthropy are quoted by ar-Rāzī in *al-Ḥāwī*. This malady caused mental confusion and the sufferer roamed about all night, especially in cemeteries, like a dog. His complexion was yellow, his vision was weak, and his eyes were hollow and dry; his whole body was desiccated, and his thighs were covered by running sores. This illness was difficult to cure because of the many damaging symptoms. It was caused by black bile and was a type of melancholic delusion. At the beginning of the illness, the patient should be bled until he lost consciousness. Then, he should be moistened by food, drink, and baths; afterwards, he may be given purges, scents to inhale, particularly opium, and soporific compresses to his head. When his body improved, he could be given theriac and other medicines used for black bile.

Māsarjawayh's therapy for lycanthropy was customary, but his further advice was atypical. When mental confusion was prolonged and no treatment was successful, it was necessary to fetter the ill, to beat him with many painful blows, and to slap his face and the top of his head; he would then recover and return to his senses, if he were not fettered for the first time. The advice of Jūrjīs ibn Jibrīl ibn Bakhtīshū' is similar; he mentions beating with whips because it was supposed to awaken a man's reason. And he says that cauterization of the head was of little benefit.

⁵² *MI*, 84 f.

⁵³ *IM*, 22, 26, 78; Manfred Ullmann, 'Der Werwolf', *Wiener Zeitschrift für die Kunde des Morgenlandes*, 68 (1976), 171–84. The term came into Arabic through Syriac *qantropos* (ibid. 177)—another example of the intermediary role of Syriac medicine. See also C. F. Heusinger, 'Ein Beitrag zur Geschichte der Lykanthropie nach Scheik Mohammed el Tounsy', *Henschel's Janus*, 2 (1847; repr. Leipzig, 1931), 364–70.

⁵⁴ Ibn Durayd quoted in Ullmann, 'Der Werwolf', 172.

MEDICAL MADNESS

The medical encyclopaedia of Ibn Sīnā or Avicenna (d. AD 1037), known as the *Qānūn fī ṭ-ṭibb*, *The Canon of Medicine*, represents the culmination in Islamic medicine of the long period of translation, study, and reformulation of primarily Galen's works. As we have seen, this was part of an even longer process of systematization of Greek medicine that had begun in late antiquity. A substantial body of secondary medical works in Arabic had also been produced by the time of Ibn Sīnā that fleshed out the Galenic system. The medieval medical writers supplemented and unified Galen's teachings, removing uncertainties and inconsistencies, and occasionally questioning the teachings and adding new material. In the case of insanity, where Galen had said very little, there was more latitude for both theoretical speculation and therapeutic diversity than in other areas. Nevertheless, Galen's basic humoral principles were extended in a highly schematic manner, so that medieval Galenism was not as eclectic as Galen's teaching had originally been. Following the work of ar-Rāzī, the medical exposition of insanity may be profitably traced in the major works of al-Majūsī, Ishāq ibn 'Imrān, and Ibn Sīnā.

(a) *AL-MAJŪSĪ*

The best example of Islamic Galenism before Ibn Sīnā is surely the textbook by al-Majūsī (d. AD 982–95) entitled *Kitāb al-Malakī* or *Kāmil aṣ-ṣinā'a ṭ-ṭibbīya*.¹ This work was translated into Latin twice in the Middle Ages; first by Constantinus Africanus under the title *Liber Pantegni* and second by Stephen of Antioch as *Liber regius* (AD 1127). In the Islamic world the *Kitāb al-Malakī* was often compared to the later *Qānūn* of Ibn Sīnā and was equally well known. The medical historian

¹ *MI*, 140–6; the text is generally the basis of Manfred Ullmann's important study of Islamic medicine: *Islamic Medicine* (Islamic Surveys, 11; Edinburgh, 1978).

al-Qiftī described it as 'a splendid work and noble thesaurus comprehending the science and practice of medicine, admirably arranged'. Indeed, al-Majūsī's work is a clear, succinct account of medicine, which he expected to be the definitive medical textbook. It is divided into two parts, theoretical and practical. Between the notebook of ar-Rāzī and the encyclopaedia of Ibn Sīnā, al-Majūsī's work marks an important stage in the development of Islamic medicine and offers another perspective to our subject.

The issue of mental disturbances, and madness in particular, arises in a number of places in the textbook.² In the first half of the work, which is devoted to the theory of medicine, he discusses the 'naturals' and, then, the 'non-naturals'. The seven 'naturals' were the basic components of the body; they were the elements, temperaments, humours, parts of the body, faculties, functions, and the pneumata. Al-Majūsī discusses the influence of psychic events on health as a part of his presentation of the six 'non-naturals'.³ The six 'non-naturals' was a basic idea of medieval Galenism; it meant those factors that directly influence one's health, i.e. the humoral balance, and that could be regulated by a proper regimen. The determination of each individual's regimen was an important function of the medieval doctor. The 'non-naturals' included the individual's environment, activity and rest, sleep and wakefulness, nourishment, excretion and retention of superfluities, and psychic events. Incidentally, in the context of discussing food and drink, al-Majūsī states that wine was good for the body in moderation because it increases natural heat and gladdens the soul, as in the works of antique authors. Continual drunkenness, however, was very dangerous. Perhaps because of the Islamic prohibition of intoxicants, alcoholism was a sensitive issue and was not a major topic in the textbooks, although chronic alcoholism is closely associated with mental incapacity. Nevertheless, al-Majūsī does state: 'For ebriety [*sic*], if it is frequent, brings many evils to the body, among them the destruction of the ruling power, weakening of the mind, enervation of the animal powers; and, by filling the arteries and cerebral ventricles, it submerges and chills the natural warmth, causing apoplexy, paralysis, enfeeblement, coma, epilepsy, trembling and convulsions.'⁴

Like Galen and other medieval doctors, al-Majūsī was quite aware of the psychic conditions that encouraged well-being and those that were

² For an account of al-Majūsī's description of mental functioning, see Harvey, *The Inward Wits*, 15–21.

³ *Kāmil* (2 vols., Bulaq, 1294 AH), i. 216 f.

⁴ Quoted in Harvey, *The Inward Wits*, 19.

conducive to illness; consequently, a wide range of illnesses was attributed to such causation. Specifically, al-Majūsī says that some emotions, such as anger, distress, fear, anxiety, and passionate love, may be dangerous to one's health; if they gain dominance over the individual, they may lead to death. But these passions are seen as *external* causes, as the sixth 'non-natural'. These emotions are responses to outside, physical stimuli and are not parthenogenetic. The emotions were given humoral qualities and could be manipulated according to the principle of contraries. Moreover, the emotions were explained physiologically. For example, anger is the boiling of the blood in the heart and the movement of the natural heat, which is sent outward to the rest of the body; it can be seen by redness in the eyes and a flushed face. The heat dries the body and strengthens the bile until it becomes a daily fever. If there were in the body a humour that is susceptible to putrefaction, a putrid fever occurs. Because of the excessive natural heat, it might lead to tremors, unconsciousness, and even death, depending on the constitution of the individual. Grief may cause the innate heat to withdraw gradually into the body and may cause a daily fever, or if prolonged it may cause hectic fever/consumption.⁵ If grief were excessive in those with a cold temperament, it extinguished the innate heat. With the exertion of self-control, reason ('*aql*') and patience, according to al-Majūsī, a person may resist these emotions and, hence, illness. Happiness and gaiety can be used to dissipate grief and anxiety, so that health is restored. The lovesick particularly are freed from their malady by seeing those whom they love.

In al-Majūsī's presentation of nosology and aetiology, he discusses the close relationship between the brain and the stomach, which is a familiar topic from antiquity. Specifically, a hot swelling at the mouth of the stomach creates mental confusion (*ikhṭilāṭ adh-dhihn*). An unfavourable cold temperament of the epigastric region also affects the brain and creates lethargy and exaggeration (*?istighbrāq*), and epilepsy may be caused by phlegmatic moistures that rise from the mouth of the stomach to the brain. Melancholic delusion is produced by the black bile that congests at the mouth of the stomach, and its vapours rise up to the brain.⁶

The ninth chapter of the first half of the book is devoted to interior illnesses. Following accounts of apoplexy, epilepsy, and incubus, there is a theoretical discussion of the causes and signs of melancholia, lycanthropy, and lovesickness.⁷ Black-bile melancholia (*al-mālankhūliyā*

⁵ Cf. Isaac Judaeus, *On Consumption*, ed. and trans. J. D. Latham and H. D. Isaacs (Cambridge, 1981), 7.

⁶ *Kāmil*, i. 236 f; see also 242.

⁷ *Ibid.* i. 332 ff.

as-sawdāwī) is confusion of the reason (*ikhṭilāṭ al-ʿaql*) without fever. Al-Majūsī's description of melancholia presents a familiar picture. It originates in the brain, the stomach, or other parts of the body. Coarse black humour is generated in the brain or it comes to the brain from another part of the body. When the humours are burnt and collect in the brain, melancholia occurs. The psychic spirit is made turbid, and thinking is changed. Sometimes this illness results from fear and grief, and the common symptoms of the melancholic are sadness, fear, and distrust. Some of its victims dread death and others desire it; some laugh and others cry; some disown themselves while others imagine they are animals, crying like animals; and still others prophesy. Each kind of melancholia had its own symptoms. When it occurred from black humours that were burnt in the brain, its symptoms were mental confusion, serious delirium (*hadhayān*), love-madness (*haymān*), anxiety, sadness, fear, terror, suspicion, hallucinations (*takhayyulāt*), and so forth. When melancholia arose from the stomach, other symptoms were flatulence, belching, pain and burning in the epigastrium and stomach because the black bile also hindered normal digestion. When it arose from the blood of the whole body, there were signs of leanness, hirsutism, flushed complexion, wide veins, and red eyes. If the burnt humour in the body were yellow bile, its signs were numerous: love-madness, madness (*junūn*), joking, crying, confusion, insomnia, restlessness, rumbling in the stomach as well as fury, wrath, and fever. The patient looked like a lion and was yellow in complexion. If the burnt humour were black bile, the person was characterized by much anxiety, reflection, fear, terror, weeping, hallucinations, malice, solitariness, and other symptoms that were common to melancholic delusion (*al-waswās al-sawdāwī*). By these signs one knew what kind of melancholia it was and its causes. Quoting Hippocrates (*Epidemics II*), al-Majūsī states that when the temperament of the heart is hot and dry and that of the brain is moist, black bile is plentiful because yellow bile is converted into black bile by burning. The brain receives the burnt black vapours of the body and creates melancholia, and this condition is common in the autumn.

One kind of melancholia is said to be lycanthropy. Its victim behaves like a rooster and cries like a dog. He wanders among the tombs at night and stays there until morning. His complexion is yellow; his eyes are dark, brutish, and hollow; his tongue and mouth are dry and lack saliva; and his thirst increases. There are lesions or sores on his body. The ill hardly ever recover, and the disease is hereditary.

Al-Majūsī very briefly describes passionate love. It is a psychic passion for someone that you continuously think about. Its symptoms are

sunken eyes and rapid eye movement, emaciation, and a change in the pulse when the beloved is mentioned.

Mental confusion also occurs as a common symptom in other illnesses, such as *birsām* and *sirsām*, loss of memory, and lethargic sleepiness (*as-subāt as-saharā*) that is called coma (*qūmā*), so that for diagnosis one should not rely on such common signs. Concerning the confusing subject of *birsām* and *sirsām*, al-Majūsī says that *sirsām* originated in a hot dyscrasy in the brain or in a hot swelling in the cerebral membrane; *birsām* also arose in the brain but was the result of a swelling in the spleen, which was connected to the brain by nerves. *Sirsām* meant, however, not only phrenitis but also lethargy; a distinction is made between these two illnesses, as in ar-Rāzī and Ibn Sinā, by naming phrenitis 'the hot meningitis' (*as-sirsām al-hārr*) and lethargy 'the cold meningitis' (*as-sirsām al-bārid*).⁸

In the second half of the *Kāmil a-ṣinā'a ʿ-ṭ-ṭibbīya*, al-Majūsī discusses treatment in the usual head-to-toe manner of ancient medicine. The fifth chapter deals with illnesses of the head, beginning with headaches. Following discussions of various forms of lethargy, the topics include catochus (*qātāhūs*), *sadar*⁹ and vertigo, epilepsy, apoplexy, melancholia, lycanthropy, lovesickness, hemiplegia, lassitude, etc. In this context, al-Majūsī says that one must first determine whether the melancholia originates in the brain, from the vapours arising from the stomach, or from the rest of the body by the symptoms that have already been described in the first part of the book. His subsequent discussion of melancholia is divided according to this tripartite aetiology: cerebral, hypochondriac, or *marāqīya*, and somatic. If it occurred in the brain itself, other factors had to be considered: the patient's age, the temperament of his body and its inclination to leanness, whether his body hair was plentiful and his complexion tended to be black and swarthy, and the stage of the illness. Then, the *ṣāfin* vein should be bled, so that the blood is drawn from a place that is far from the brain. If the bleeding were performed for a few days, the operation should be on the median arm vein, and the necessary blood should be extracted according to its colour. If it were black, the amount should be increased; if it were

⁸ *IM*, 30.

⁹ *Sadar* (*Kāmil*, ii, 256 ff.) is usually translated as 'vertigo' (Lane, s.v. *sadar*). Balfour, however, says that it was 'mania associated with swelling of the brain'; its symptoms were insomnia, depression, violent behaviour, incoherence, red eyes, tremors, and white and thin urine; and its treatment was the same as for *sirsām* and the limbs should be tied. 'The advantages of restraint are, 1st, that the patient may not show restlessness; 2nd, that his brain may have rest; 3rd, that he may be prevented from killing himself or others' (J. G. Balfour, 'An Arab Physician on Insanity', *Journal of Mental Science*, 22 (1876), 247).

deep red, only a little should be removed because this colour indicated that the humour in the brain had not spread to the rest of the body. After the bleeding, the patient should be given a drink of poppy (*khashkhāsh*) and violet, a prescribed diet, and flowers to smell. On the third day, he should be given an enema that the author prescribes. Then, the body should be cleansed by a remedy that purged the black bile, which should be used often because this humour was difficult to treat. Among the better things that evacuate the body is a cooked preparation of dodder of thyme strengthened by aloes, agaric, and black hellebore. The patient should be nourished with moist foods, including barley-water. After a few weeks, if the condition had not changed, al-Majūsī recommends other purges for the black bile and bleeding from the veins in the forehead. The melancholic is to be given at these times an electuary called *an-nijah*, and the author gives its composition.

If the melancholic could not sleep and there were much raving, lovesickness, reclusiveness, and restlessness, it is an indication that the illness is from the burnt yellow bile. Then, it is said to be madness (*junūn*). The individual should not be evacuated, bled, or purged, for it only increases the vehemence of the humour, and the patient increases in lovesickness, wildness (*ʿutūw*), and raving. He should be managed by a soporific regimen of medicaments and foods, such as barley-water in which poppies had been cooked and beverages made with poppies; after three hours, he should be given a concoction of violet and poppy to drink. As to the patient's diet, he should be given such things as lamb, kid, eggs cooked with gourd and *isfanākh*, lettuce, *baql mulūkiya* (?), fish, *banā* (?), cucumber seeds, and Indian water-melon. Ripe fruits that are easy to digest should be eaten. Foods that generate black bile should be avoided, such as bran bread, lentils, cabbage, cattle meat, and similar things. Also, foods that produce yellow bile should be avoided, such as garlic, onions, mustard, and vinegar. His head should be bathed with moist, soporific fluids, and al-Majūsī gives a prescription that includes white poppy. Hot compresses should be applied to his head with some oil of violet in a bath of moderate heat. Milk of a wet nurse with some oil of violets may be dripped on his head, or cotton may be moistened in it and laid on his head. Also various oils may be inhaled. The patient's place of recovery should be in a bright place, and this regimen should be continued until he is able to sleep. If he has slept calmly, it is desirable to cleanse his body by purges that eliminate the burnt yellow bile, such as foods cooked with absinth and agaric; he should be allowed to rest for a few days, following the prescribed moist regimen. The purges should be a little stronger in order to remove the black bile. If fever appeared with

this treatment and his urine were red, he should be given barley-water with various additives. If the fever subsided, he should be given the medications that evacuate the black bile.

The treatment of hypochondriac melancholia included potions that induced vomiting in order to cleanse the stomach. After three days on a moist regimen and the persistence of the illness, the patient should be purged to remove the melancholic humour; various laxatives are prescribed, including ones attributed to Galen and Rufus, according to the constitution of the patient.

For the treatment of melancholia that was caused by vapours rising to the brain from the humours in the whole body, the doctor is to determine the nature of the condition by bleeding at the medial arm vein. If the extracted blood were black, its withdrawal should be increased gradually. If the patient were a woman with retention of the menses, she should be bled at the *ṣāfin* (the saphenous or crural vein).¹⁰ Afterward, a regimen prescribed by al-Majūsī should be followed. If the excess humour in the body were yellow bile, it is necessary to evacuate the body with purging medicines, which appears contradictory to what the author had said earlier about yellow bile. In any case, the purging was to be followed by a moist regimen, which included a moderately hot bath and a tub of water with violets, nenuphar, and lettuce leaves, so that immersion in these waters would dissolve the putridity in the body and moisten it. The body should be massaged with oil, and the head fomented and oiled. If the condition persisted, purges should again be used, according to the patient's strength, and they should be graded upward. If the illness were due to yellow bile, drugs and hot foods should be avoided. If it were black bile, the patient should be bled to eliminate the black blood. If bleeding were not necessary and the patient was very depressed and unable to sleep, a moist regimen should be used to induce sleep; afterward, he should receive medication, moist foods, baths, and evacuants. The condition should improve; the patient's fears dissipate, he becomes more sedate, and his reason is restored. Otherwise, laxatives should be given. After a few days of a pleasing diet, which included diuretics, one should return to laxatives and a moist regimen until the patient recovered completely. If the melancholic thoughts and fears persisted, the doctor should devote himself completely to strengthening the heart. If the body were not hot and the pulse were not quick, a concoction of sweet musk and myrrh should be used or some 'great theriac' and *bādhir nabū* with it or borax water. Al-Majūsī gives

¹⁰ Lane, s.v. *aṣ-ṣāfin*.

prescriptions for electuaries if the body were hot; one of them enlivens the psyche, improves the intellect, and betters the complexion. The potential melancholic should be careful of his diet and cautious of great exertion, wrath, and sleeplessness. Aside from using the baths with tepid water and moderate massage and oiling, the melancholic should associate closely with those who are cultured and intelligent. He should relax and sit in open gardens. And he should be conscious of the seasons with regard to taking purgatives for the black bile.

The treatment of lycanthropy is bleeding at the time of the patient's excitement. Blood should be drawn until he is unconscious. The diet should promote the proper *kaymūs*, or combination of the humours,¹¹ in his body, and he should be made to bath in a tub of warm, sweet water. He should be given a laxative and afterward the theriac *fārūq*.¹² If the illness were stirred up and insomnia occurs with it, his head should be fomented with soporifics.

Concerning passionate love, the victim should be given a moist regimen, including bathing, moderate exercise, massage, and beverages, and he should travel. It was desirable that he should be occupied with gardens, recitations, song, and the music of lutes and flutes, as well as tales, poetry, and stories of the ascetics. He should be busy with his normal work, occupations, and activities, so that he is not left inactive. These latter affairs would distract his thoughts from the beloved. Pursuing such interests, his thoughts would turn to another. Also, sexual intercourse with someone other than the beloved as well as distance from the beloved were among the things that diminish *'ishq*.

Naturally, al-Majūsī, as well as Ibn Sīnā, greatly influenced later medical writers on such matters. For example, in the twelfth century, as-Sulamī composed a list of questions and answers that could be used to examine a physician. In the chapter on urine, the hypothetical doctor is asked 'What does blood urine with a foam like wine indicate?' The answer is mental disorder, and this answer may have been taken from al-Majūsī.¹³ Clearly, in the chapter on good and bad symptoms, the answer to the following question is taken from al-Majūsī: 'If you see someone who is mentally disturbed go to sleep and awaken fully sane but who becomes disturbed again if he remains awake for a long time, what does this indicate?' According to al-Majūsī, it is a good sign because nature overcomes the substance of the illness during sleep and ripens it with its

¹¹ WKAS, s.v. *kīmūsun*.

¹² See Leiser and Dols, 'Evliyâ Chelebi's Description of Medicine in Seventeenth Century Egypt', part 1, *Sudhoffs Archiv*, 71 (Wiesbaden, 1987), 209 *et passim*.

¹³ As-Sulamī, *Imtihan al-atibba'*, fo. 11b.

strength. However, a good mental condition is not a good sign in every illness, for people who haemorrhage and have tuberculosis die although they are of sound mind. But this is not so in acute illnesses or illness of the head.¹⁴ Also, as-Sulamī quotes al-Majūsī that haemorrhoids are a good sign for those suffering from melancholia and cerebral disease because of the descent of the noxious substance, as we have already seen. In sum, al-Majūsī gives a systematic presentation of melancholia, of which madness is a severe form. He is highly dependent on earlier Greek medical works, but he provides a copious array of treatments on the basis of the humoral imbalance of the body.

(b) IŞHĀQ IBN 'IMRĀN

Monographs on melancholia were written by the following Islamic doctors: Ibn Māsawayh (d. AD 857),¹⁵ Hunayn ibn Işhāq (d. AD 873),¹⁶ Aḥmad ibn 'Abī al-Ash'ath (d. AD 970),¹⁷ and Işhāq ibn 'Imrān (d. AD 908).¹⁸ Only the last work has been published and studied extensively; the others are known only by their quotation by later authors.¹⁹ For this reason, it is impossible to form any definite opinion about the succession of treatises on this theme. No monographs were apparently devoted exclusively to madness or mania.

Undoubtedly, the best known exposition on melancholia in Islamic medicine is the treatise by Işhāq ibn 'Imrān because of its transmission to medieval Europe through the Latin translation or adaptation of the text by Constantine Africanus (d. AD 1087).²⁰ Ibn 'Imrān was a Muslim doctor in Baghdad; he was invited by the last Aghlabid ruler of North Africa, Ziyādāt Allāh III, to come to his capital in Qayrawān about AD 902 in order to supervise the ruler's health. Soon after Ibn 'Imrān's arrival, he lost favour with the ruler, who seems to have been mentally

¹⁴ Ibid., fo. 21b; see *Kāmil*, i. 430.

¹⁵ Paul Sbath, *al-Fibris* (3 vols.; Cairo, 1938–9), i. 19 (no. 106); *MI*, 114; *GAS*, iii. 235.

¹⁶ Sbath, *al-Fibris*, i. 43 (no. 315).

¹⁷ Ibid. i. 87 (no. 733); *GAS*, iii. 302.

¹⁸ Işhāq ibn 'Imrān, *'Maqāla fi l-Mālikhūliyā'* (*Abhandlungen über die Melancholie*) und *Constantini Africani 'Libri duo de melancholia'*, ed. and trans. Karl Garbers (Hamburg, 1976); *MI*, 125; *GAS*, iii. 266.

¹⁹ Manuscript copies of the treatises by Ibn Māsawayh, Hunayn ibn Işhāq and al-Ash'ath existed apparently in the Sbath Collection (Aleppo), but unfortunately, I have been unable to locate these manuscripts. Furthermore, Sezgin claims (*GAS*, iii. 414) that there is a treatise on melancholia by Ibn al-Jazzār in Bodleian MS Marsh 215/2; no such treatise exists in this volume.

²⁰ *EI*2, s.v. 'Constantinus Africanus' (B. Ben Yahia).

unstable, at least melancholic. Apparently, a rivalry developed between Ibn 'Imrān and a Jewish doctor at court who won the king's confidence and inclined the suspicious ruler against Ibn 'Imrān. Ziyādat Allāh cut off Ibn 'Imrān's salary, and later had him thrown into gaol after he had begun profitable practice in the city. Ibn 'Imrān was not allowed to return to Baghdad, and after a final quarrel with his patron, he was tortured and put to death in AD 908. According to Ibn Abī Uṣaybi'a, Ibn 'Imrān was the first great doctor in North Africa and inaugurated a succession of distinguished doctors, beginning with his student Iṣḥāq ibn Sulaymān al-Isrā'īlī.²¹ Ibn 'Imrān also wrote a large number of works, including works on drugs and hygiene; his study on melancholia survives only in a single late manuscript.²² In this treatise, which originally may have been given as lectures, Ibn 'Imrān acknowledges the work of Rufus on the subject.

Ibn 'Imrān says that melancholia is an illness that can develop into madness in cases of personal loss and separation, severe depression, or mental exhaustion.²³ It is not a personal disposition or constitutional type. He asserts that the disease could be both hereditary and non-hereditary; in the first case, the individual is predisposed to melancholia because his temperament has been damaged pre-natally. Post-natally, melancholia is acquired basically by the neglect of the six 'non-naturals'; psychic events, especially, could damage the animal and rational spirits. Whatever changes took place in the black bile, it was necessary that the brain be affected for the illness to occur. Ibn 'Imrān distinguishes the three standard types of melancholia: (1) the cerebral type was made up of two kinds: the first originates from burnt yellow bile and has a high fever accompanied by sudden movements, foolish acts, and visual hallucinations of black people and things; it is phrenitis. The second kind is caused by either natural black bile that is dominant in the brain's temperament and is called bestial delusion (*al-waswās as-sabu'ī*), corrupt black bile,²⁴ or burnt bile. (2) Another type of melancholia originates in the black bile and burnt humours of the lower body and rises to the brain. And (3) the final type also begins in the black bile of the whole body but is discharged in the hypochondria; from there the toxic vapours affect the

²¹ *MI*, 137f.

²² *MI*, 125; 'Imrān, pp. xiii-xiv; M. Laignel-Lavastine and Ahmed ben Milad, 'L'École médicale de Kairouan au X^e et XI^e siècles', *Bulletin: Société française d'histoire de la médecine*, 27 (Paris, 1933), 236f.

²³ 'Imrān, p. 17/195a.

²⁴ 'Imrān, p. 18/95b: 'It is like the dregs of the blood; it is the black *kaymūs*; and it has not matured, but it becomes a true black bile. Its development is that of the other kind [of melancholia] that rises to the brain.'

animal spirit that is produced in the neighbouring heart and ascend to the brain. The three types share common psychic and somatic symptoms—fear and sadness, delusions, and all types of hallucinations—but each type also has distinct signs.

Subsequently, before turning to therapy, Ibn 'Imrān discusses the Hippocratic view that the melancholic may become epileptic and vice versa. Ibn 'Imrān notes that the Greeks called this illness the 'sacred disease' and considered it to be a divine punishment. In vernacular Arabic, one was accustomed to calling it the 'prophetic disease' (*al-marad al-kāhinā*), according to Ibn 'Imrān, because of the obscurity of its causes and its attribution to the jinn. The doctors called it the 'great illness', 'falling sickness' (*ṣar*) or 'possession'/'madness' (*junūn*).²⁵ He also observes that a number of people who suffered from leprosy (*judhām*) became melancholic and were incurable.²⁶ As for treatment, one should first attack the psychic symptoms by persuasion of any kind together with music and potions.²⁷ Then, the bodily symptoms should be dealt with, especially the emaciation, insomnia, and bad digestion. Generally, the treatment centred, as usual, on the purging of the black bile and the adjustment of the six 'non-naturals', but each of the three types of melancholia had its special treatment. Twenty-nine detailed recipes are given by Ibn 'Imrān, which include pills, powders, electuaries, suppositories, laxatives, baths, oils, enemas, inhalants, and concoctions that generally purify the body.

Manfred Ullmann has observed three things about Ibn 'Imrān's treatise. First, the presentation is clear and schematic, developing logically the humoral theory in relation to melancholia. Ibn 'Imrān's psychogenic explanation of the illness, however, does not fit into this humoral explanation. Second, Ibn 'Imrān is completely dependent on ancient authors, especially Rufus' work on melancholia and Galen's *De locis affectis*. On the other hand, nothing is taken from the author's personal experience, which leads to Ullmann's third point, the highly abstract nature of the work. The types of melancholia and their symptoms are based purely on theoretical conjecture. Furthermore, the scholastic nature of the treatise is characteristic of most Islamic medical texts; Ullmann compares Ibn 'Imrān's work with al-Majūsī's similar treatment of melancholia, which was derived mainly from Alexander of Tralles.²⁸

²⁵ 'Imrān, p. 37/101b.

²⁶ 'Imrān, p. 35/101a; see also his report of healing a leprous patient, p. 52/107b.

²⁷ 'Imrān, p. 39/102b–103a; on music, see also p. 31/99b–100a.

²⁸ *IM*, 72–9.

In addition to his philosophic pretensions, Ibn 'Imrān's treatise is, unfortunately, seriously flawed by digressions, lapses, and repetition, and he does not fully develop the humoral interpretation of melancholia in its various forms, as al-Majūsī and Ibn Sīnā did.²⁹ Ibn 'Imrān, like other medical writers, justifiably considered psychic events as causes of mental illnesses and tried to explain the damaging effects they could have on the spirits.³⁰ Despite the artificiality of such speculation, the work reflects a genuine medical need and suggests how mental disorders were conceived of by professional doctors and probably treated in many instances. Despite his lack of 'clinical' cases, Ibn 'Imrān appears to be the only author to admit frankly the difficulty of diagnosing mental disturbance: 'The diversity is confusing in the eyes of the doctors, who do not have an exact knowledge of the illness because of the variety in the symptoms of the soul [*nafs*].'³¹ And he complains about the difficulty of treatment, reflecting perhaps his own frustrating experience: 'The disturbed are the strongest of God's creatures in demanding a healer; they humble themselves to him and offer him whatever he wants from their possessions. But if he comes to them and is willing to treat them, they do not submit to him and obey him.'³²

(c) *IBN SĪNĀ*

A comparable discussion of these topics, but in a number of ways more important, is to be found in Ibn Sīnā's *Qānūn*. Ibn Sīnā (d. AD 1037) was considered the 'second teacher' after Aristotle because he was foremost an Aristotelian philosopher; with regard to medicine, his predominance was due as much to his reconciliation of Aristotle's natural philosophy with Galenic medicine as to his work's comprehensiveness. The *Qānūn* is an even more influential handbook than al-Majūsī's or the monograph of Ibn 'Imrān because of its wide dissemination. On the one hand, it was first translated into Latin by Gerard of Cremona (d. AD 1187) and became very influential in medieval and Renaissance European medicine.³³ On the other hand, the *Qānūn*'s authoritative status in the Islamic world

²⁹ See the assessment of the work by Garbers, 'Imrān, pp. xxvi–xxvii.

³⁰ 'Imrān, pp. 13 f./94a.

³¹ 'Imrān, p. 21/96b; see also pp. 28 f./99a.

³² 'Imrān, p. 28/99a.

³³ See Ursula Weisser, 'Ibn Sīnā und die Medizin des arabisch-islamischen Mittelalters—Alte und neue Urteile und Vorurteile', *MJ*, 18 (1983), 283–305, and Nancy G. Siraisi, *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500* (Princeton, NJ, 1987).

has continued down to the present day; the practice of so-called Yunānī, or Greek, medicine in the Asian subcontinent is largely based on Ibn Sīnā's encyclopaedic work.

The *Qānūn* is divided into five parts that cover the general principles of medicine, materia medica, diseases of the bodily parts, general diseases and cosmetics, and a formulary of compound medicines. As a follower of Aristotle, an immediate problem that was posed by mental derangement was the old question of the primacy of the heart over the brain. Predictably, Ibn Sīnā asserts in the first part of the *Qānūn* that Aristotle is correct; the heart is the ultimate source for the functioning of the whole body because of its manufacture of the pneuma, but it is not the immediate source of bodily functions. It is sufficient for the doctor to know simply the separate organs and their different functions. Similarly, Ibn Sīnā upholds a more complex philosophical scheme for the nature of the brain than the somatic one held by most doctors.³⁴

The third, fourth, and fifth chapters of the third part of the *Qānūn* deal with the various types of inflammation of the brain, the damaged functioning of the senses, and the cerebral injuries that affect voluntary movement. The third chapter is relevant because of its discussion of phrenitis (*qarānīṭis*), its symptoms and treatment, as well as other inflammations of the brain, phlegmon [*filghamūnī*], erysipelas [*ḥamra*] and tetter, severe delirium [*ṣabārī*], lethargy [*sirsām barīd*], fluid inside and outside the brain, catochus [*qāṭāhūs*], apathy [*subāt*], and skull fracture.³⁵ Briefly, phrenitis is defined as the hot *sirsām* as distinct from lethargy, the cold *sirsām*. It is a hot inflammation of the meninges or the brain itself. Ibn Sīnā disagrees with other writers who maintained that the cerebral mass does not become inflamed. *Sirsām* is the special name for the inflammation of the meninges, and *qarānīṭis* may apply to that of the brain. The symptoms are delirium (*hadhayān*)³⁶ and mental confusion (*ikhtilāt*) with a serious fever. The common name, *sirsām*, is derived from this symptom; similarly, the symptom of forgetfulness (*nisyān*) is also the name for cold *sirsām* or lethargy. As a commonly used term, *sirsām* applies to the cerebral disease. Ibn Sīnā asserts that those who do not know languages consider that *birsām* is the name for phrenitis and that *sirsām* is less serious than it, but that is not so. As we have seen, *birsām* means chest inflammation or illness. Therefore, for Ibn Sīnā, *sirsām* is a generic term; it includes fevers, burnt humours at the mouth of the stomach that rise to the brain, or inflammation in the brain and its membranes. *Sirsām* might occur with *birsām* when the cerebral

³⁴ Harvey, *The Inward Wits*, 22–7.

³⁵ *Qānūn*, ii. 44–54.

³⁶ See also *ibid.* iii. 93.

inflammation is accompanied by the disease of the diaphragm, the chest muscles, and other organs. The description of this condition varies, according to the author, but he says that true *sirsām* is used by the medical profession to mean inflammation of the head.

Sometimes the inflammation of the brain was affected secondarily. The illness might be very bad on the fourth day, and most who die of *sirsām* die from injury to the spirit (*nafs*), although it may affect various parts of the brain. Its origin is mostly in the bilious blood or yellow bile. The mental disorder consists of weeping and laughing, hour after hour. It is also a bad condition if it developed from pneumonia because it leads to a high fever. If various signs, including heaviness in the head and lungs, convulsions, and vomiting, appeared, the illness was fatal. Most of the time, phrenitis is dissolved by haemorrhoids if they are made to flow, or the phrenitic condition may become cold and change to lethargy, so that the patient escapes the disease. Phrenitis may consist of hectic fever/consumption (*daqq*) or madness (*junūn*), in which reality is replaced by fantasy. Rarely do the elderly rid themselves of the illness of phrenitis. Some medical practitioners claimed that sometimes an illness similar to phrenitis occurred without fever; yet its existence without fever is an indication that it is devoid of inflammation.

At this point in the discussion of phrenitis, Ibn Sīnā gives a general description of what appears to be rabies, which is discussed later as a distinct disease. Ibn Sīnā relates that the victim is disquieted and greatly agitated. He is unsettled; he tries to climb the walls, and his irritation, sadness, thirst, and restricted breathing increase. If he drinks water, he chokes on it and discharges it. Most men become killers from that day on. Sometimes it lasts four days, and one cannot escape from it. The face and tongue of those afflicted with this illness turn black and their eyes are dry, and their condition is like that of the *mulhawqin* (?). Then, their movements slacken, their pulse becomes slow, and they die. Most die from suffocation. Ibn Sīnā states that it is not unlikely that the cause of it is the connection of the brain with another important organ, where there is disease; it is conveyed to the brain, so that it confuses the brain, corrupts it, and disturbs the reason. And the victim is thirsty because of the desiccation of the regions of the throat and chest.³⁷

The author, then, proceeds to discuss the symptoms of *sirsām* and the treatment of its various forms. The *sirsām* that arises from the burnt

³⁷ Ibid. ii. 45. Cf. Ibn Zuhr (d. 557/1162), who, in his medical textbook, confuses rabies with raving madness and does not discuss mania or melancholia at all; he does give, however, an interesting account of a rabid donkey and the symptoms of rabies (Gabriel Colin, *Avenzoar, sa vie et ses œuvres* (Publications de la Faculté des lettres d'Alger, Bulletin de correspondance africaine, 44; (Paris, 1911), 108–9.) See the discussion of rabies below.

yellow bile, especially, causes madness and irritation, heavy breathing, joking, and so forth. The treatment is generally designed to bring about greater moisture and coldness in the body.³⁸ This last type of *sirsām* is obviously important with regard to the conceptualization of madness. *Ṣabārī* is said to be an excessive madness (*junūn mufrit*) that appears with hot *sirsām* caused by yellow bile, so that the patient, although he is stricken by *sirsām*, is mad (*majnūn*), disturbed (*muḍṭarib*), and muddled (*mushawwash*). According to Ibn Sīnā, simple phrenitis (*qarānītis*) is fever delirium and mental confusion, but there is no madness. If there were, it is *ṣabārī*. It is as if *māniyā* were compounded with phrenitis; similarly, phrenitis is like melancholia combined with inflammation and fever. When madness precedes the inflammation and fever, it is *ṣabārī*. Ibn Sīnā explains that the cause was the pure red bile or burnt bile that rushes to the brain, producing madness when it first reaches the brain, and creating with it or after it an inflammation. In phrenitis, mental disturbance is a sign of the inflammation, but in *ṣabārī* the madness and the inflammation are two occurrences of the same matter; they are not the cause of one another but often increase the intensity of each other. If *ṣabārī* begins to appear, insomnia is persistent and sleep is disturbed; there is agitation, hyperventilation, and forgetfulness. The patients' answers do not resemble the questions, and their eyes are red, disordered, and dull as if they were irritated. Sometimes there is a yellowness in the eyes. There is a sensation that spreads at the back of the head, a pain in the head because of the vapours, and involuntary crying. In one case, when the illness subsided, the fever continued and the tongue was rough and dry. In another, the movement of the eyelids quieted down, and the raving was interrupted by an incapacity to speak. The patient is preoccupied most of the time with picking at his bedclothes. The pulse increases slightly and is hard. The symptoms of *ṣabārī* may differ considerably, but its treatment is exactly the same as that for yellow-bile *sirsām*—an increase in the moisture of the body and the necessity to restrain the patient by binding his limbs.³⁹ The name of this syndrome strongly suggests the restraint of the patient: *ṣabārī* is derived from the Arabic root *ṣabara*, which may mean 'to bind, fetter, or shackle'; this meaning of the name is supported by Ibn Sīnā's remarks on treatment at the end of his exposition.

The fourth chapter deals with the impaired functioning of the senses and the appropriate treatment: sleepiness or apathy (*subāt*); sleep and its disturbances; insomnia; injuries of the brain; mental confusion and

³⁸ *Qānūn*, ii. 47, 49.

³⁹ *Ibid.* 50.

raving; frivolity (*ru'ūna*) and stupidity (*ḥumq*); deficiency of memory and imagination; mania and rabies; melancholia, lycanthropy, and love-madness.⁴⁰ After a discussion of the symptoms and treatments of injuries to the memory, cognition, and imagination and their locations in the brain, the section devoted to mental confusion and raving is the only general discussion by Ibn Sīnā of what could be called mental illness.

These symptoms are the result of a condition in the brain caused by the black bile, hot burnt blood, yellow bile, red bile, simple heat, hot vapours, or dryness; they deprive the brain of the substance of the natural spirit (*rūḥ*) that preserves the reason. Mental confusion could result from a disorder in another part of the body or from the whole body, as in fever. Concerning its symptoms, whoever has a strong pain, but does not complain about it or feel it, is mentally confused, and golden urine may indicate in fevers the confusion of reason. Regarding mental disturbance caused by black bile, its signs are anxiety, obsession, and the symptoms of melancholia. From yellow-black bile, there is predacity and boldness; from haematal black bile, there is joy and laughter and an abundant flowing of blood in the veins. The symptoms of yellow bile are numerous, including inflammation, irritation, ill nature, strong disturbance, delusions of fire and flames, yellow complexion, and stretching of the skin of the forehead. Of the red bile, the signs are the strongest and the most difficult to treat, such as the mental confusion that is seen in fevers and epidemics. From the phlegm, there is, with the mental disturbance, composure, depression, sleepiness, obsessiveness, and delusions of being animals and birds. Altogether, the confusion of reason, if it appeared with dry heat, is signalled by insomnia; that from a moist heat resulting from a corruption of the blood or phlegm is indicated by sleepiness; that caused by vapours is indicated by symptoms of the affected organ; and that from the whole body by the state of the body, as in fevers.⁴¹

The treatment for mental confusion caused by the blood is immediately to bleed the patient and to do everything possible to restore the balance in the blood; for yellow and red bile, its treatment is to evacuate the patient and to restore his temperament, either of the whole body or the head, by regimens, moistening, and compresses to the head after its shaving. If the patient becomes violent, he should be managed as in the case of madness. Oils and milk applied to the head are recommended to cool and strengthen it. If the confusion is in another part of the body,

⁴⁰ Ibid. 54–73.

⁴¹ Cf. Paul of Aegina, *The Seven Books of Paulus Aegineta*, trans. Francis Adams (3 vols.; London, 1844–8), i. 372.

these recommendations should not be followed. Many of these treatments, Ibn Sīnā says, are discussed under the pertinent illnesses. Yet, the confusion may be accompanied by weakness and signs of inflammation and it is necessary to slap its victim with a sharp blow. Sometimes it was necessary to strike him, so that his reason returns to him. Other times a useful thing for the malady was to pour on the patient's head a broth made of trotters and heads and to give him bryony daily. And if nothing else were effective, it was necessary to cauterize the patient's head, burning it in the shape of a cross.⁴²

Cautery seems to have been widely used by Muslim doctors, despite the Prophet's admonition against it. Abū l-Qāsim az-Zahrāwī (d. c.404/1013) devoted the first chapter of his section on surgery and instruments to cauterization, which could be employed for a large number of ailments including melancholia.⁴³ According to az-Zahrāwī, melancholia caused by corrupt humours and a thick phlegm should be treated by cauterization like that for paralytics. If it arose from too much black bile and a humid body, the patient should first be purged and have his head shaved; then, one should

apply a compact ring-bandage of linen and put it round the middle of his head. Have him sit cross-legged, held firmly on all sides. Then take a pound of stale sheep's butter and warm it on the fire to a moderate heat so that a finger put in can bear it; then pour it out on the middle of the head inside the circle of the bandage and leave it till it has cooled. Do this once a week with other efficacious treatments till he is cured. If you wish, burn him with multiple small puncture cauterizations; nor [*sic.*] press long on the cautery but let this cauterization be only just punctured. For this kind of cauterization will moderately moisten the brain. Then let cotton soaked in butter or hen's grease be applied.⁴⁴

Concerning frivolity and stupidity, Ibn Sīnā states that the distinction between them and confusion of the mind is that, while they are all injuries of the reason and the cause of them may be located in the middle part of the brain, confusion of the mind is an injury to the thinking function depending on the changed nature of the thought process, and frivolity and stupidity are the result of deficiency or nullity. The latter are similar to the conditions of the senile and the child. Three types of injuries are recognized, and they are caused by simple coldness, dryness

⁴² *Qānūn*, ii. 60f.

⁴³ *On Surgery and Instruments*, ed. and trans. M. S. Spink and G. L. Lewis (Berkeley-Los Angeles, 1973), ch. 1. See Nil Sarı, 'Cerrahiyetü'l-Haniye'de Dağlama Yoluyla "Mâl-i Hülya" Tedavisi ve Akupunktur Yöntemi ile Karşılaştırılması', in *Tıp Tarihi Araştırmaları*, 2 (1988), 85-91.

⁴⁴ *On Surgery and Instruments*, 40-1.

in the middle part of the brain, and coldness with phlegm in its cavities. They are treated by warming the head and moistening it, by evacuants and vomiting if a substance has to be removed from the head, and by stimulating the heart. The failure of memory is like frivolity but is in the rear of the brain because it is a decrease in the activity in that region or its nullity. As Galen said, it was primarily from the cold, either simple or with dryness or, most commonly, with moisture. Dryness is indicated by insomnia, moisture by sleepiness, and plain cold by numbness and confusion. Forgetfulness in a healthy condition may signify a serious illness of the head, such as epilepsy, apoplexy, or lethargy. Deterioration of the imagination is precisely the same as the causes and signs described in the previous two topics except that it is in the front of the brain, and its corruption is due to the dominance of the black and yellow biles in the forehead or to evil hot temperament.

In his chapter 'On mania (*māniyā*) and rabies (*dā' al-kalab*)' (see Appendix 2), Ibn Sīnā states that mania is bestial madness (*al-junūn as-sabu'i*), and rabies is a kind of mania. The cause of mania is burnt black or yellow bile in the brain. The signs of the dominance of burnt black bile in the body are detachment and silence, combined with madness and predacity, which lasts for an extended period of time. If the person became animated and spoke, he would be reasonable, but he could not prevent the recurrence of the illness. This type of madman was more emaciated than the melancholic; he had a blacker complexion; and his dreams were worse. The signs of burnt yellow bile are its more rapid onset and remission; there is more agitation, irritability, and mental disturbance. And this type of madman does not remember his evil thoughts like the first type. Because melancholia has a humoral aetiology similar to mania, it was closely related to mania and usually occurred with bestial madness, but melancholia is characterized by withdrawn and morose behaviour, and there is no serious mental derangement. On the other hand, the maniac was mentally very disturbed and was highly agitated. Indeed, his appearance was like that of a wild animal. There is usually no fever with mania, and it appears mainly in the autumn but sometimes in the spring and summer, depending on the nature of the individual's humours. Mania may be naturally healed by the body's expelling the burnt bile in the form of haemorrhoids and varicose veins or by the occurrence of dropsy, a moist illness, that counteracts the dryness of bilious humours. Ibn Sīnā notes the ancient association of madness with the stomach and says that vomiting cures the patient. In general, Ibn Sīnā recommends various forms of evacuation for the quantitative or qualitative changes of the body that have caused mania.

After evacuation, the body of the maniac, especially the head, should be cooled and moistened; the moistening treatments were more important than the cooling ones, and the diet should be moist. Sedatives may be necessary to calm the madman or to put him to sleep. Various methods are also recommended to draw the noxious bodily vapours down from the head. This is the purpose of Ibn Sīnā's curious advice that someone who causes the patient embarrassment and fear should sit in front of him while he tightens his thighs and legs. If there were concern that the madman would inflict injury on himself, he should be tied up securely and put into a cage that is suspended from the ceiling like a cradle.

Melancholia is said to be 'the change of beliefs and thinking from the natural course to corruption, fear, and ruination because of a black-bile temperament. This temperament oppresses the spirit (*rūḥ*) of the brain from within and terrifies it by its darkness, as the external darkness oppresses and terrifies. The temperament of the cold and dry is excessive for the spirit because it is weakening—just as the temperament of the hot and moist, like the mixture of a beverage, is suited to the spirit because it is strengthening.'⁴⁵ If melancholia is accompanied by irritation, jumping about, and sparks flying before the melancholic's eyes, it is called madness. Melancholia, however, describes the results of burnt black bile.

The black bile that causes melancholia may be either natural black bile or phlegm that is converted into black bile by concentration or more commonly by burning, but the conversion of phlegm into black bile is rare. Blood is changed by cooking or by concentration without a serious burning. As for yellow bile, if the intense burning reached it, it created mania and is not limited to melancholia. Each one of the kinds of black bile, when it reached the brain, therefore, produced melancholia, but some caused mania. Ibn Sīnā related the different signs of melancholia directly to each of the four humours.

The origin of the malignant condition of the black bile is attributed to the brain or to another part of the body in the traditional manner. Ibn Sīnā proceeds immediately to combine the two theories of humours and temperaments to explain melancholia. If the condition arose in the brain, it is either from a cold and dry intemperament without substance, which transforms the essence of the brain and the temperament of the clear spirit (*rūḥ*) to darkness, or it is with substance. Presumably, Ibn Sīnā means in the latter case that there is a material change in the humours. The humoral change is in the veins coming to the brain from anywhere in

⁴⁵ *Qānūn*, ii. 65. Cf. Ishāq ibn 'Imrān's definition of melancholia ('Imrān, p. 3/fo. 90b): 'a certain feeling of dejection and isolation which forms in the soul because of something which the patients think is real but which is in fact unreal' (*IM*, 72).

the body, or its change to blackness is by burning what is in the veins. It may make the psychic spirit turbid, which is more frequent; the substance may be absorbed into the mass of the brain; or it may damage the brain in its nature and essence. Thirdly, as expected, Ibn Sīnā attributes the condition to dark vapours arising from the stomach. Alternatively, melancholia may develop from epilepsy—the Galenic notion that Ishāq ibn ‘Imrān devoted considerable attention to.

Although the immediate causes of melancholia were clear, i.e. the quantitative and/or qualitative changes in the humours and their qualities, Ibn Sīnā tries to explain the physiological mechanisms for these changes in the body. He says that melancholia may result from the whole body's black-bile temperament or the dysfunction of the major organs, particularly the spleen, liver, and the stomach, for various reasons.⁴⁶ Or the cause of melancholia was obstruction in the veins, in which case the lack of nourishment caused corruption. Others reportedly attributed melancholia to suppressed urine, or inflammation in the uterus or any other organ of the body. Ibn Sīnā emphasizes the heart; its cold and dry temperament was, according to him, a frequent cause of melancholia—at least it was impossible for the heart not to be associated in some way when such a temperament affected another part of the body. Therefore, Ibn Sīnā says that it is necessary that the heart as well as the brain be treated in this malady. In a later passage, Ibn Sīnā uses the Hippocratic notion that melancholia increases when the heart is hot and the brain is moist. For the heat of the heart generates melancholia, and moisture in the brain is susceptible to its influence.

The melancholic's symptoms are speech defects, flushed face, hirsutism, especially on his chest, and thick black hair, wide veins, and thick lips. Some of these are signs of the heat of the heart and others are signs of the moisture of the brain. Like other writers on melancholia, Ibn Sīnā also believed that some foods and drinks generated black bile in the body and should be avoided by the melancholic. Furthermore, he remarks, some doctors thought that melancholia may be caused by the jinn. 'We do not pay any attention to it because we are doctors; whether melancholia is caused by the jinn or not is a remote question. If it were caused by the jinn, it happens by changing the temperament to black bile, for melancholia's cause is the dominance of black bile. Thus, the cause of that black bile may be jinn or something else.'⁴⁴ In general, Ibn Sīnā was

⁴⁶ On the malfunction of the liver that causes atrabilious illnesses, see the section on the liver from the *Qānūn* that is translated in P. de Koning, *Trois traités d'anatomie arabes* . . . (Leiden, 1903), 718–21.

⁴⁷ *Qānūn*, ii. 66. Perhaps the more common Muslim view of jinn in relation to disease, especially epilepsy, is represented by Ibn Qayyim al-Jawziyya in his *at-Ṭibb an-nabawī*, ed.

faithful to Galen: he does not subscribe to the belief that the cause of these related illnesses is demons or divine displeasure, sorcery, or the stars. Finally, Ibn Sīnā considered the excess of grief or fear to be powerful causes of melancholia.

Following Rufus, Ibn Sīnā says that melancholia increases in mature men and the elderly. It lessens in the winter and increases in the summer and autumn. It may often arise in the spring because the spring stirs up the humours, which mix with the blood and excite the black bile; this agitation predisposes many to melancholia.

The symptoms of the beginning of melancholia, according to Ibn Sīnā, are evil thoughts, fear without reason, quickness to anger, love of solitude, trembling, dizziness, and disease, especially in the hypochondria. The fears are usually unreasonable, and some become outright delusions. Some melancholics fear the heavens falling and others the earth swallowing them up; some fear the jinn and others the government. There might be a slight cause for some of these delusions, but in other cases, the melancholic sees things that are not there. They sometimes imagine that they are kings, lions, devils, birds, or artisan tools. The sanguine and morose signs are directly related to melancholia arising from the blood and black bile specifically. Common symptoms of the latter, pure melancholia, were concern with death, self-hate, obsessiveness, delusion, a fixed stare, and the blackness of the complexion, eyes, and hair. Insomnia and reflection precede serious melancholia; the patient objects to the sun and what is bright; and brain illnesses may come before it. General signs of disease in other parts of the body may be associated with the advent of melancholia. There may be black-bileness of the entire body because of its failure to evacuate waste in the normal manners, or the condition may be caused by harmful foods that produce black bile.

A sign of the malfunction of the spleen in melancholia is excessive passion because of the outpouring of the black bile to the stomach, with poor digestion and a rumbling noise; sometimes there is swelling of the spleen, quartan fever, and pain. In the stomach, the symptoms are its swelling, indigestion, and corpulence. Symptoms of hypochondria are heaviness, vomiting, bad breath, poor digestion, sour belching, rumbling in the stomach, flatus, and pain in the stomach or shoulders, especially after meals.

¹Abd al-Mu'tī Amīn Qal'ajī (Cairo, 1978), 135–41. Ibn Qayyim distinguishes between two types of epilepsy, that caused by the corruption of the humours and that caused by the evil spirits. See also Felix Klein-Franke, *Vorlesungen über die Medizin im Islam*, ch. 4, and Temkin, *The Falling Sickness*, 118–33.

Subsequently, we find Ibn Sīnā's complete scheme that relates the symptoms of melancholia to the four humours:

The black bile is the effective agent of melancholia. If it were mixed with the blood, the melancholia appears with merriment and laughter, without deep grief. If it were mixed with phlegm, the melancholia is characterized by indolence, lack of movement, and quiet. If it were mixed with yellow bile, it is associated with restlessness, being closer to madness and like *māniyā*. If it were pure black bile, then there was much contemplation and less agitation except when the individual is provoked and quarrels, or nourishes a hatred that he cannot forget.⁴⁸

Concerning treatment, Ibn Sīnā states, as usual, that melancholia is easy to treat at its outset but is difficult to cure when it has taken root. It is necessary in every case that its sufferer be cheered up and seated in a temperate place; the air of his dwelling should be moist and scented with aromatic herbs. He should always be given good scents and oils and be served with agreeable foods. He should go to the baths before meals, in which lukewarm water is poured over his head; when he leaves the baths and is thirsty, there is no objection to his drinking a little water. Massage is beneficial, and his moistening is more important than his warming. Sexual intercourse and perspiring are to be avoided. Legumes, dried meat, lentils, cabbage, thick drinks, salted and acrid foods should be avoided. What is fat and sweet is advantageous. If a soporific is needed, the melancholic's head should be bathed with poppy water, camomile, and daisy, for sleep is one of the best methods of treatment. Because melancholia is caused by a harmful cold and dry temperament, it is desirable that his heart be warmed, that he be cheered up, and that he be given remedies of musk, theriac, mithridate, and similar medicaments.

When melancholia is firmly established in the brain, there are three treatments: evacuation of the black bile in one way or another; moistening by baths, hot oils, and remedies; and strengthening the heart. Regarding evacuants, Ibn Sīnā gives detailed instructions for phlebotomy, purges, emetics, inhalants, cupping, compresses, baths, and fomentations. It is necessary that the melancholic should also be kept busy. The patient should be occupied with listening to story-tellers and singers. If there were a decline of appetite, the illness is ruinous and the dryness is overpowering. It is a good sign, however, if the black bile appears in other ways in the body, such as in the colour of the skin, various skin

⁴⁸ *Qānūn*, ii. 68, see also p. 67; cf. Klibanksy *et al.*, *Saturn and Melancholy*, 89. A similar scheme for the explanation of the various symptoms of epilepsy can be found in 'Alī ibn Rabbān at-Ṭabarī's early compendium: *Firdaws al-ḥikma fī ṭ-ṭibb*, ed. M. Z. Siddiqī (Berlin, 1928), 63–71.

eruptions, varicose veins, haemorrhoids, elephantiasis, and so forth; they indicate the rejection of the toxic black bile in other forms than in melancholia.

Concerning lycanthropy, Ibn Sīnā says that it is a kind of melancholia, which often appears in the month of February and makes a man a fugitive from social life. He likes the cemeteries and tombs and has evil intent toward whoever surprises him. He appears at night and conceals himself during the day out of his love of privacy. He wanders about but is wary of people. Some people, however, are not cautious of him, which is negligent. He is extremely quiet, gloomy, and sad; he has a yellow complexion, a dry tongue and mouth, and sores on his legs that do not heal. The cause of the sores is the corruption of the black bile and much movement of his legs. Sometimes a dog bites him and causes this condition. His eyes are dry, hollow, and weak because of their dry temperament. Because of his flight from society, he is called a *harbān*, or a fugitive, who has no purpose; because of his unusual movement—he does not know his direction as he flies from one person to the next—he is sometimes called a *duwaybba* or ‘insect’, which glides over the surface of the water and moves around erratically. The treatment of lycanthropy is the same as for melancholia. If it were caused by burnt yellow or black bile, he should be bled until a large amount of blood is withdrawn and he comes close to fainting. He is given appropriate foods, moisturizing baths, and whey⁴⁹ for three days. Then, he is evacuated by the laxative *arkāghānīs* (Archigenes) and put to sleep; his heart is strengthened after evacuating the body with a theriac and a diuretic. Generally, his body is to be kept very moist and his heart warm. If this treatment did not work, and he struck his head and face because of pain, his head should be cauterized.⁵⁰

Another well-known syndrome was *‘ishq* or love-madness, which was only briefly described by al-Majūsī.⁵¹ Ibn Sīnā’s description of lovesickness is relatively full and was influential in both the East and the West. (See Appendix 3.) Lovesickness is a delusionary (*waswāsī*) illness, which is similar to melancholia in its symptoms. The lovesick brings about his

⁴⁹ *Mā’ al-jubn*. See ‘Imrān, pp. 51 ff./fos. 107a ff.

⁵⁰ Cf. *Lycanthropy Reader: Werewolves in Western Culture*, ed. Charlotte F. Otten (Syracuse, NY, 1986).

⁵¹ In an otherwise impressive study of *hereos* or lovesickness, John L. Lowes reviewed the Arabic medical writers (in Latin translation) on the subject: ‘The Lovers Malady of Hereos’, *Modern Philology*, 11 (1914), 507–17. Unfortunately, Lowes misunderstands *qutrūb* for lovesickness in ar-Rāzī; he briefly mentions descriptions of the malady by al-Majūsī and az-Zahrāwī and devotes more attention to those of Ibn Sīnā and Ibn al-Jazzār. Furthermore, Lowes points out the description of the progressive stages of love-madness in ad-Damīrī’s *Ḥayāt al-Ḥayawān*.

condition by his own obsession with the loved one, giving up his normal discretion about another person's character. The characteristics of this illness are hollow, dry eyes except when crying, continuous movement of the eyelids, and unpredictable laughter. On the other hand, there is withdrawal, much sighing, and insomnia. The mood of the lovesick changes from exhilaration to sadness when he hears love poetry. His behaviour is disordered, and his pulse is irregular. His pulse and his general condition alter dramatically when his beloved's name is mentioned or when he encounters the beloved unexpectedly. Because of the change in his pulse-rate, it is possible for the doctor to discover the identity of the loved one when the patient won't reveal it. 'Knowledge of the beloved is the best way of treating the patient.' Ibn Sīnā had tried this procedure by reciting names, occupations, and locales while he felt the patient's pulse, and he had been successful. If the lovesick cannot be cured, the two should be legally married, so that his health is fully restored. In one case, 'We were astonished at it and realized the subordination of the bodily constitution to mental delusions.'

Concerning the treatment of the lovesick, the doctor should consider whether the condition is caused by a burnt humour; if so, the patient should be evacuated. Then, the body should be moistened, well nourished, and made to rest, and the mind should be diverted from its obsession and calmed. One way of diverting the patient's interest is for the doctor to arrange a meeting between the lover and someone other than the beloved; the second attachment should be broken off before it becomes serious but after the first has been forgotten. If the lover is a reasonable person, he can be given sincere advice as well as being rebuked by the physician, for his obsession is nothing but a delusion and a kind of madness. The old women are also useful because they can effectively malign the beloved and disabuse the lovesick of his infatuation. Among the things that the old women do is mimic the appearance of the beloved and display part of their bodies in a shameful parody of the beloved's attributes. They are better at this than men, except for effeminate men, whose skill is not inferior to that of the old women in encouraging the lover's lust for someone else. Another solution for lovesickness is for the lovesick to buy slave-girls and to increase his sexual activity. Some people are consoled by entertainment and recitation; others are diverted by hunting, games, or the company of important individuals.

The following section in Ibn Sīnā's *Qānūn* (ii. 76 ff.) is devoted to the injuries to the brain that affect voluntary movement; it includes discussions of vertigo, nightmares, a long section on epilepsy, and

apoplexy. Psychic disturbances are still mentioned and related to melancholia/madness. For example, the chapter on nightmare or incubus (*kābūs*) describes terrifying dreams about phantoms that oppress the patient in his sleep; this type of dream is considered to be a prelude to three other illnesses: epilepsy, apoplexy, and mania. Incubus could be due to a bad temperament or a noxious vapour that rose to the brain, as in melancholia.⁵²

Ibn Sīnā's *Qānūn* became the standard of medical orthodoxy, so that his discussion of mental illnesses in the *Qānūn* may be taken as representative, and it is useful as a means of summing up the medical point of view.⁵³ The specific sources for Ibn Sīnā's discussion are significant, although he rarely cites them. He largely takes his exposition of cerebral disturbances from Paul of Aegina's encyclopaedic medical work, which was known in Arabic translation.⁵⁴ In turn, Paul had not claimed originality for his seven-book compendium, the *Epitome medicae*; it was based primarily on Oribasius' seventy-volume encyclopaedia. Through Oribasius, Paul had acquired and passed on Galen's principal medical teaching. Specifically, Galen's *De locis affectis*, which is important to the question of psychic disorders, was combined by Paul with the views of many later Greek physicians.⁵⁵ The section on mental disorders in Paul's third book on the illnesses of the body⁵⁶ is closely paralleled by Ibn Sīnā's treatment in his *Qānūn*; Ibn Sīnā, however, does not cite his source.⁵⁷

Beginning with headache in each work, we have the following order, according to Adams's translation of *The Seven Books* and the anonymous editors of the Būlāq edition of the *Qānūn*:

<i>Ibn Sīnā</i>	<i>Paul of Aegina</i>
Headache [30 subdivisions]	Headache
	Cephalaca and Hemisrania
Phrenitis	Phrenitis
Phlegmon	Phlegmon

⁵² For Ibn Sīnā's discussion of hysteria, see Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Cambridge, 1988), 174–6.

⁵³ See the assessment of Ibn Sīnā's pathology and treatment in Kurt Sprengel, *Histoire de la médecine*, trans. A. Jourdan (4 vols.; Paris, 1815), ii. 314–22.

⁵⁴ See *MI*, 86 f. The assertion (*MD*, 62) that Ibn Sīnā's discussion of melancholia was derived from al-Majūsī, who in turn was influenced by Ibn 'Imrān, appears to be mistaken.

⁵⁵ Moreover, *De locis affectis* was translated into Arabic as *Kitāb al-A'dā' al-ālīma* and was known to Islamic doctors. See Kühn, viii. 1–452; trans. C. Daremberg, *Œuvres anatomiques, physiologiques et médicales de Galien*, ii. (Paris, 1856), 468–705; and Siegel, *Galen on the Affected Parts*. See also *MI*, 41 f.

⁵⁶ *The Seven Books*, i. 350–91.

⁵⁷ *Qānūn*, ii. 54–89.

Ibn Sīnā

Paul of Aegina

Erysipelas and Tetters	Erysipelas
Severe Delirium	
Lethargy	Lethargy
Fluid inside and outside the Brain	
Catochus	Catochus, or Coma Vigil
Skull Fracture	
Apathy and Sleep	
Wakefulness and Insomnia	
Injuries of the Mind	
Mental Confusion and Raving	
Frivolity and Stupidity	
Loss of Memory	Loss of Memory and of Reason; on Carus and Fatuity
Loss of Imagination	
Mania and Rabies	
Melancholia	
Lycanthropy	
Lovesickness	
Vertigo	Vertigo
Colic	
Nightmare or Incubus	
Epilepsy	Epilepsy Melancholia, Mania, and Demoniacs Nightmare or Incubus Lycaon or Lycanthropy Lovesickness
Apoplexy and Stroke	Apoplexy and Hemiplegia, or Paralysis

The discussions of these topics by Ibn Sīnā, consistently organized according to aetiology, symptoms, and treatment, are generally much longer than those of Paul and with a greater emphasis on humoral pathology. The only significant addition in Ibn Sīnā's pathological survey, aside from his inclusion of external injuries to the skull, is the subject of rabies. Paul obviously did not associate rabies directly with mania or mental illnesses generally, although he did fully address the subject of hydrophobia in another section of his work. He accurately described the symptoms of hydrophobia in dogs and men and stated that no one survived the bite of a rabid dog. The only cases of recovery were

those bitten by rabid people. Paul took from Oribasius a test that could be used to determine whether a bite was inflicted by a mad dog or not. If the dog were definitely rabid, the bite should be opened and treated with various medications as well as cataplasms, bathing, cauterization, potions, a selective diet, and purges, especially hellebore.⁵⁸ On the other hand, Ibn Sīnā's incorporation of the topic among mental illnesses, both with phrenitis and mania, may indicate his strong inclination to attribute unusual, violent behaviour to a humoral imbalance in the brain. Yet, Ibn Sīnā's account of rabies in this section of the *Qānūn* is slight; rabies is dealt with thoroughly in Part IV of the *Qānūn*.⁵⁹

When comparing the other topics in the surveys of mental illnesses by Paul and Ibn Sīnā, it is apparent how dependent the latter was on Paul. Phlegmon is a good example of a Greek category of mental illness that was long-lived in Islamic medicine. Paul described it as an inflammation of the brain with swelling, strong and persistent pain, anxiety, redness and swelling of the face, protruding eyes, and swelling of the head. It was

⁵⁸ Galen had given several prescriptions for the prevention and cure of hydrophobia but no description of it. Ibn Sarābiyūn in the 9th cent. AD repeated almost exactly what Paul had written about rabies, but he added two new methods to force the patient to drink that were copied by Ibn Sīnā—a confection containing water and a vessel furnished with a long tube that was put into the patient's throat. Ar-Rāzī apparently did not differ from earlier authors but made the interesting personal observation that he had known a case of a mad person who was cared for in a hospital; the patient desired to drink but refused the water that was brought to him because he believed it contained the intestines of cats and dogs, which may indicate visual hallucinations. Ar-Rāzī's treatments consisted basically of cupping, cauterization, and scarification. See Jean Théodoridès, *Histoire de la rage*, 'Cave canem' (Paris, 1986), 47–54; idem, 'Rabies in Arabian Medicine', *Studies in the History of Medicine*, 4 (New Delhi, 1979), 13–22; idem, 'Ibn Sīnā et la rage', *Actas, XXVII Congreso Internacional de Historia de la Medicina, Barcelona*, 1980 (Barcelona, 1981), 756–60. See also the translation of the section on rabies in Ibn al-Jazzār's *Kitāb Zād al-musāfir* in G. Dugat, 'Études sur le traité de médecine d'Abou Djāfar Ah'mad, intitulé: Zad al-Moqāfir "La Provision du voyageur"', *Journal asiatique*, 5th ser., 1 (1853), 313–19. In general, the disease, and particularly its signs, were precisely known by laymen, such as al-Jāhīz, as well as by medical men (al-Jāhīz, *Kitāb al-Hayawān*, ed. 'Abd as-S. M. Hārūn (Cairo, 1938–45), ii. 5). In one instance, the threat of rabies led the governor of Baṣra, Ziyād Abi Sufyān, in 45/665–6 to post a treatment for the disease on the wall of the Great Mosque of the city, which appears to have produced good results. (*Elz*, s.v. 'Kalb' (F. Viré)). In Persia, the term 'dog-bitten' meant pain, madness, and suffering. The connection with love-madness is obvious in the verses of Nizāmī (d. 590/1194) in his *Khusrau wa Shīrīn*: 'I am so persevering (in love) that with all this pain I (still) ran covered in mud and blood as if bitten by a dog' (quoted in Abbas Daneshvari, *Animal Symbolism in Warqa Wa Gulshāh* (Oxford Studies in Islamic Art, 2; Oxford, 1986), 49). Dogs are generally despised by Muslims as unclean animals, except for those that are socially useful, such as guard dogs and hunting dogs. On social attitudes toward dogs in Islamic society, see Ibn al-Marzubān, *The Book of the Superiority of Dogs Over Many of Those Who Wear Clothes*, ed. and trans. G. R. Smith and M. A. S. 'Abd al-Halīm (Warminster, 1978), pp. xxvii–xxxiv. It is plausible that the Muslim aversion toward dogs was increased by the well-recognized domestic danger of rabies and that the periodic destruction of packs of scavenging animals may have reduced the incidence of rabies.

⁵⁹ *Qānūn*, ii. 162–8.

to be treated by blood-letting from the arm, nose, and vessels under the tongue, as well as fomentations of the head.⁶⁰ Al-Majūsī and Ibn Sīnā say virtually the same thing. With regard to phrenitis, Paul's unrestrained madness caused by black bile appears to correspond directly with what Ibn Sīnā called *ṣabārī*.

Paul's discussion of melancholia and mania is relatively short and succinct. Unlike Ibn Sīnā, Paul does not consider the possible causes of melancholia. Ibn Sīnā emphasizes the temperament, the physiological processes that create melancholia, and its relationship to the heart. Concerning symptoms of the illness, Ibn Sīnā does not say anything about those who were believed to be divinely inspired, whereas Paul says about them: 'Some believe themselves impelled by higher powers, and foretell what is to come, as if under divine influence.'⁶¹ Otherwise, the described behaviour and signs are similar. The treatment of melancholia is also similar in the two works with a common emphasis on a moist regimen, drastic purges, phlebotomy, baths, and bandaging. Ibn Sīnā's particular recommendation of Armenian bole for melancholia seems to be taken from Alexander of Tralles. Ibn Sīnā appears to disagree with Paul only about the loss of bodily fluids; the former advises against diuretics and evacuation by perspiration. There is a common reliance on strong purges, together with bitters and carminatives. The short section in Paul on the treatment of mania is almost completely duplicated in Ibn Sīnā. The mad are generally to be treated like melancholics. Neither Ibn Sīnā nor any other Islamic doctor appears to follow Paul's recommendation of leeches, nor is there any evidence in the Islamic medical texts of trepanation, which appears to have been practised in antiquity for brain disorders. Nevertheless, the source for Ibn Sīnā is quite obvious where Paul has written: 'Above all things, they [the maniacs] must be secured in bed, so that they may not be able to injure themselves, or those who approach them; or swung within a wicker-basket in a small couch suspended from on high.'⁶²

The descriptions of lycanthropy in Paul and Ibn Sīnā are also close, but Ibn Sīnā does not mention the use of opium as a soporific in advanced cases; on the other hand, Paul does not mention cauterization.⁶³ Concerning lovesickness, the psychological interpretation of Galen⁶⁴ and Paul has given way to Ibn Sīnā's view of passionate love as a distinct

⁶⁰ *The Seven Books*, i. 364.

⁶¹ Ibid. i. 383. In Adams's translation the following phrase is: 'and these are, therefore, properly called demoniacs, or possessed persons'. Jackson (*MD*, 56) has rightly called attention to this mistranslation; the sense of the Greek *enthēos* should be that the person is 'enthused' or 'inspired' by God and not by demonic forces.

⁶² *The Seven Books*, i. 385.

⁶³ Ibid. i. 390.

⁶⁴ *MD*, 353.

syndrome, and it is indicative of the general picture of mental diseases in Islamic medicine.

Eros appears to have been recognized as a malady in antiquity, but the earliest medical description of love-madness was apparently given by Oribasius, and it was copied by Paul of Aegina.⁶⁵ Paul is far less detailed on this topic than Ibn Sīnā, but there are significant similarities and differences. Ibn Sīnā was not original in considering love to be an illness or in attributing it to the brain, but ardent love was, according to Ibn Sīnā, more than an emotional state; it was a mental delusion like melancholia. Ibn Sīnā is consistent with the Greek authors in emphasizing the signs of depression, but he also suggests the presence of extreme mood swings. As in earlier Islamic writers, Ibn Sīnā also introduces the pulse-lore from Erasistratus and Galen as a means of diagnosing the disease. The uniting of lovers quickly cured the lovesick, and this fact prompts Ibn Sīnā to acknowledge the strong effect of the mind on the body. His recommendation for treatment shows how the illness is considered as a black-bile disease and the patient should be evacuated as for other bilious diseases, as well as bathing and a healthy regimen. Unlike Paul, Ibn Sīnā says nothing about wine and does not recommend the use of fear as a means of diverting the lover from his obsession. On the contrary, Ibn Sīnā urges the preservation of one's equanimity. He is particularly informative about various stratagems for disabusing the lover of his delusion, the ordinary man's madness. Besides medicine, Ibn Sīnā is quite remarkable for his advice to use old women and effeminate men to divert the lover's attention to someone else. This recourse to beldams and homosexuals is unprecedented in the medical literature. Moreover, as we have seen, Ibn Sīnā suggests buying slave-girls and increasing one's sexual activity. These suggestions certainly imply that a major component of the illness was believed to be the frustration of the lover's strong sexual desire.⁶⁶ Similar to Ibn Sīnā's explanation of lovesickness, Ibn al-Jazzār (d. AD 980), a Tunisian doctor who wrote a number of works that were translated into Latin and became influential in Europe, also describes '*ishq*' in his medical vade-mecum, and he begins by saying that it is 'an excessive desire accompanied by anxiety and lust'. Quoting Rufus, Ibn al-Jazzār emphasizes the need for coitus as a natural way of removing bodily superfluities. Like Ibn Sīnā, Ibn al-Jazzār recommends various forms of entertainment and activities that would engage the

⁶⁵ *The Seven Books*, i. 390–1. For the history of lovesickness, see Adalheid Giedke, 'Die Liebeskrankheit in der Geschichte der Medizin', diss. (Düsseldorf, 1983), and Massimo Ciavolella, *La 'malattia d'amore' dall'Antichità al Medioevo* (Rome, 1976).

⁶⁶ Cf. *MD*, 363.

lover's mind, relieving his dejection and avoiding his solitary obsession, but he also strongly urges the use of wine for the improvement of the body and music for the soul.⁶⁷ Finally, because of Ibn Sīnā's opposition to the supernatural, it is quite understandable that he did not recommend magic, in one form or another, as a means of removing a man's passionate love, which, like other violent sentiments, was often believed to be caused by the jinn.⁶⁸

Three general features of Ibn Sīnā's account of these topics, as well as those of other Islamic medical writers, are noteworthy with regard to Galen's presentation of the subject: the unrelenting adherence to humoral pathology as the cause of mental disorders and its location in the brain; the creation of an intricate nosology according to syndromes that were derived from observable signs; and an emphasis on treatment.

(1) Pathology

It is quite apparent that behavioural disturbances were increasingly considered to be diseases of the brain or literally 'mental illnesses'. This trend may have been accentuated in Islamic medicine because of the inheritance of late Greek anatomy, particularly the description of mental disturbances by Poseidonius.⁶⁹ The early medical writer aṭ-Ṭabarī used the tripartite division of the brain to locate psychic disorders, and this cerebral localism was employed by all later writers, as we have seen.⁷⁰ As opposed to the Aristotelian view of the heart as the centre of emotion and thought, the Islamic physicians followed Galen in attributing a wide range of conditions to the malfunctioning of the brain. The heart even lost its prerogative as the haven for romantic love. Ibn Sīnā appears to have made some concession to Aristotelian physiology by his emphasis on the heart and the need to treat it as well as the brain in cerebral illnesses. The influence of Aristotle is strongest and quite conspicuous in

⁶⁷ See Gustave Dugat, 'Études sur le traité de médecine, 306–13.

⁶⁸ Edmond Doutté, (*Magie et religion dans l'Afrique du Nord* (Algiers, 1908), 224–6) quotes as-Suyūṭī's discussion of this matter from his work on magical medicine. As-Suyūṭī devoted a chapter to the treatment of love, following those on fevers; he begins by saying, similar to Ibn Sīnā, that the best treatment is the union of the two lovers; if that is impossible, another lover should be substituted for the first. Otherwise, one should devote oneself to trade or study, especially grammar or the sources of the law. If none of these succeed, as-Suyūṭī gives a number of magical recipes, which are largely sympathetic magic and rites that cause one to forget, and Doutté quotes one of the latter. Naturally, there was also magic to create 'ishq; see *ibid.* 254–6.

⁶⁹ See Leibbrand and Wettley, *Der Wahnsinn*, 134 ff.

⁷⁰ See Hans-Jürgen Thies, *Erkrankungen des Gehirns insbesondere Kopfschmerzen in der arabischen Medizin* (Bonn, 1968), 23, 26 f.

the psychology of Ibn Sīnā, which is implicit in his medical discussions but is explicitly described in his philosophic works. There also seems to have been a concession to older ideas about emotional disorders by retaining the notion of the intimate relationship between the brain and the stomach. Yet, the overwhelming impression of the texts is the common assumption that the focus of affective disorders was in the brain. Phrenitis is clearly a malfunction of the brain, deplacing the antique *phrenes*; compared to Galen, the syndrome had been simplified and brought into line with other mental illnesses.

As mechanical processes, mental activity was subject to environmental circumstances, and the Hippocratic attention to these conditions was maintained in the medieval period. More immediately, mental health was affected by one's bodily temperament that might predispose an individual to mental illness. A major reason for the emphasis placed on this aspect of the humoral system, as in Ibn Sīnā, was surely the belief in the inheritability of mental disorders. Physiognomy also seems to have played a part, correlating physical characteristics to mental states, if not to personality types. Furthermore, cerebral disorders were clearly distinguished from mental aberrations caused by other diseases, especially fevers and poisoning. The disorders were also clearly designated as either acute or chronic, and their courses were carefully described.

(2) Syndromes

Although Galen promoted the humoral theory of disease, he does not appear to have worked out a clearly defined disease entity called 'melancholia', and certainly not one for madness.⁷¹ There was no 'syndrome'—which may be defined as a cluster of symptoms in a predictable sequence—of mental illness based on the predominance or change of a specific humour. 'In brief, the Galenic concept of *melancholia* was not that of a purely mental disease, but of mental symptoms in the course of bodily afflictions due to humoral etiology.'⁷² In the post-Galenic period, however, the congeries of signs became independent syndromes taking on lives of their own.⁷³

⁷¹ Cf. *MD*, ch. 2.

⁷² Siegel, *Galen on Psychology*, 191; see also idem, *Galen's System of Physiology and Medicine* (Basle-New York, 1968), 300–4.

⁷³ In this regard, Ibn 'Imrān appears to return to earlier views about melancholia when he writes: 'The name of "melancholia" is not identified properly with the essence of this illness, but it refers to its basic source, the black bile [*al-mirra as-sawdā*']'. As for the meaning of illness,

It is apparent that the late Greek writers brought the notions of melancholia and mania as mental illnesses into close relationship with one another, which Galen had not done; the cost was the loss of their non-medical connotations. Insanity was closely tied to Galen's humoral pathology despite the therapeutic difficulties that it presented. No uniform view of this relationship between melancholia and mania, however, can be found in late Greek medicine.⁷⁴ In the Islamic period, *mālikhūliya* retained its prominence, perhaps for practical as well as academic reasons—the prevalence of harmless mental disturbances, from depression to delusion, their profitable treatment by physicians, and a scholarly tradition begun by Rufus and continued by medieval writers. Nevertheless, in the textbooks of al-Majūsī and Ibn Sīnā, melancholia was demoted to just another mental illness with distinctive features, while the other psychic maladies were promoted to comparable status on the basis of their nosological kinship. Madness also became a prosaic affliction, and its causes were similar to those of melancholia. Ibn Sīnā, particularly, emphasized the humoral qualities that created these illnesses, as Galen had done for other diseases. By the time of Ibn Sīnā, there seems to have been considerable agreement about mental illnesses—their terminology, pathology, symptomatology, and treatment. There was understandable uncertainty, as in Ibn Sīnā, about the physiological mechanisms that created the qualitative or quantitative changes in the black bile and the alteration of the temperament. In any case, mania and melancholia consistently appear together as mental disturbances that were chronic, non-febrile, and cerebral; mania generally suggested excited psychotic states, and melancholia depressed psychotic states. This close and frequent association of the two conditions as well as the common description of dejection among maniacs would seem to suggest that manic-depressive psychoses were often observed.⁷⁵

Syndromes of mental disorders appear to have become well-rooted in medieval Galenism. Whatever the ultimate cause, an illness could be translated into aetiological terms and nosological categories. For somatic illnesses, this process caused no serious problems, but for mental illnesses, the basis of classification, symptomatology, was highly variable because it depended on social values and personal assessments. None the less, the medieval doctors appear to have confidently recognized a number of illnesses based on signs with an assurance that may be comparable to pre-modern European iatrochemists and mechanists.

it is known by its properties; that is to say, a disease [*marad*] invades the body, and its symptoms and injuries affect the soul [*nafs*]' ('Imrān, p. 2/90a).

⁷⁴ Flashar, *Melancholie*, 135 f.

⁷⁵ Cf. *MD*, 254 ff.

Greek syndromes were adopted and extended, as with phrenitis, lethargy, or phlegmon; at least one new condition was created or recognized, Ibn Sīnā's *ṣabārī*. Perhaps the syndrome of lycanthropy reflects best the remarkable faith in humoral pathology and its explanatory potential; it also illustrates well the accretions to medieval Galenism and the all-encompassing nature of this medical system.⁷⁶ In sum, it was a steady process of medicalization of a wider field of human behaviour.

Specifically, the syndromes of serious mental disturbances were the result of changes that were thought to occur to the humours by scorching or overheating. Galen had mentioned in *On the Affected Parts* the creation of this burnt bile from the burning of blood and yellow bile, which provoked serious mental derangement.⁷⁷ We have seen in Ibn Sīnā's exposition on melancholia how its various signs were attributed to the four humours. By burning, any of the four natural humours could become a pathogenetic agent with distinctive symptoms.

The evolution of this theory that ties the humours directly to behavioural patterns is a good example of the development of medieval Galenism.⁷⁸ This development can be traced from Alexander of Tralles (d. AD 605), who wrote a treatise on melancholia that is no longer extant. He drew an overall picture of mental disturbances, and his work was eventually translated into Arabic. His major work was a compendium (*al-Kunnāsh*) of medicine, whose Arabic translation has only survived in citations of later writers.⁷⁹ His work on melancholia appears to have had some impact on the presentation of mental disorders in Arabic compendia, as in the work of al-Majūsī. In Alexander's discussion of melancholia the term encompassed most forms of non-febrile mental illnesses, including mania. Mania was an advanced stage of melancholia, as in the older (pre-Galenic) literature.⁸⁰ Specifically, Alexander's scheme of mental disorders is closely tied to Galen's humoral theory, and it shows better than the description of Paul of Aegina the stage that medical thinking on mental illnesses had reached before the Islamic era. Alexander recognized the multiplicity in the forms and causes of mental disorders. Yet, he proposed four types of melancholia of increasing

⁷⁶ For the demise of this syndrome in Western medicine, see *MD*, 345-51.

⁷⁷ Siegel, *Galen on the Affected Parts*, 88, 90.

⁷⁸ A comparable evolution of Galenic principles may be seen in the development of the pneumata; see Temkin, *Galenism*, 107; idem, 'On Galen's Pneumatology', *Gesnerus*, 8 (1951), 180-9.

⁷⁹ Perhaps his *al-Maqāla fī l-Mālankūhliyā*, which is cited by ar-Rāzī, belonged to this compendium. Also, his work on phrenitis (*Kitāb al-Birsām*) was apparently translated by Ibn al-Bitriq in the early 9th cent. AD, but it is no longer extant. *MI*, 85 f.; *GAS*, iii. 164.

⁸⁰ Th. Puschmann, ed., *Alexander von Tralles*, i. 590 ff.

severity with distinct bodily changes, which are frequently mentioned in the Arabic texts: (1) a surplus of blood; (2) a qualitative change in the blood by the admixture of bile, arising from too much food or stress; (3) black bile in the blood whose vapours rise to the head; and (4) chronic melancholia or insanity. As Flashar has noted, Alexander's organization of melancholia into four forms is based on a definite physiological model, which appears to be derived from the pseudo-Galenic *On the Humours*, where the pathological conditions were divided into four and were usually related to a humour. Thus, Alexander relates the four different types of melancholia with distinctive psychic signs, to changes in the body. But he did not attribute the fourth form of melancholia to phlegm probably because this humour, according to Galen, would have been inappropriate.⁸¹ A further stage was reached in al-Majūsī's textbook, where the scorching of blood, yellow bile, and black bile of the whole body affected the brain, causing various types of melancholia corresponding to the humour. As we have seen, in the discussion of Ibn Sīnā, all four humours were related directly and simply to distinct symptoms of melancholia. Although this evolution has been recognized,⁸² little attention has been paid to what may be called the pathological side of this fourfold concept: the burning or combustion of the four humours to produce more serious or elevated symptoms, leading in the case of burnt yellow bile to mania or bestial madness. Galen's seminal notion of the alteration of the humours by burning and their relationship to mental disorders appears to have been taken to its logical but extraordinary conclusion.

Despite the impression of the doctors' considerable confidence in their nosologies of mental illnesses and their tidy system, one unusual form of behaviour caused particular difficulties. Leibbrand and Wettley have called attention in their comprehensive history of insanity to the importance of Ibn Sīnā's account of passive male homosexuality as a 'sexual-pathological description within the presentation of mental disturbances'.⁸³ They have relied, as others have, on Petro Vatterio's translation of excerpts from Ibn Sīnā's *Qānūn*.⁸⁴ Vatterio clearly, although somewhat arbitrarily, took Ibn Sīnā's account of *ubna* (passive male homosexuality) from a later section of the *Qānūn* that deals with sexual irregularities⁸⁵ and incorporated it within Ibn Sīnā's principal discussion of brain disturbances.⁸⁶ Therefore, the subject of homo-

⁸¹ Flashar, *Melancholie*, 126–30.

⁸² Ibid.

⁸³ Leibbrand and Wettley, *Der Wahnsinn*, 156.

⁸⁴ *De Morbis Mentis Tractatus* (Paris, 1659).

⁸⁵ *Qānūn*, ii. 549 (1593 edn., i. 562 f.).

⁸⁶ Ibid. ii. 45–73.

sexuality was not included, *pace* Leibbrand and Wettley, by Ibn Sīnā in his presentation of mental illnesses.⁸⁷

More importantly, Ibn Sīnā was discussing a familiar, yet controversial, subject. Homosexuality was a problematic subject in the past, as it is today. No Greek or Arabic medical writer appears to have regarded homosexuality *per se* as a pathological condition; however, passive male sexuality associated with feminine behaviour was described as a disease.⁸⁸ Caelius Aurelianus grouped male homosexual passivity and opposite-gender identification together and considered it to be a mental disorder: 'this condition is different from a bodily disease; it is rather an affliction of a diseased mind. . . . For, as Soranus says, this affliction comes from a corrupt and debased mind . . . [They] are victims of an affliction of the mind. For there exists no bodily treatment which can be applied to overcome the disease; it is rather the mind that is affected in these disgraceful vices, and it is consequently the mind that must be controlled.'⁸⁹ The only recourse appears to have been self-restraint, which would have been consistent with the author's Stoic point of view. This disease was due, according to Caelius Aurelianus, either to heredity or to a birth defect. Effeminate homosexuals were, then, victims of an incurable mental illness, but elsewhere the writer describes active homosexuality as quite healthy and normal.⁹⁰ Jackie Pigeaud claims that this account is unique in ancient medicine, for it is the one case in which an illness is specifically attributed to the mind/soul.⁹¹

Male sexual passivity was known in medieval Islamic society as the 'hidden illness' and was referred to as the 'incurable (*ʿudāl*) illness'.

⁸⁷ For the Western medical reception of Ibn Sīnā's ideas on homosexuality, see Jacquart, *Sexuality and Medicine*, 55–8.

⁸⁸ John Boswell (*Christianity, Social Tolerance, and Homosexuality* (Chicago, 1981)) suggests that this prejudice in Roman society may have been due to attitudes toward female sexuality (p. 53) and to popular association of sexual passivity with political impotence (pp. 74 ff.).

⁸⁹ *On Acute Diseases and On Chronic Diseases*, ed. and trans. I. E. Drabkin (Chicago, 1950), i. 900–5. Elsewhere the editor makes the following pertinent observation: 'In any discussion of mental diseases in antiquity we must take account of sexual perversion and of homosexuality in particular; and modern psychiatry emphasizes the importance of this phase of our subject. There is a great deal of pertinent non-medical literature, but relatively little medical discussion in antiquity. The most interesting medical account of homosexuality is Soranus', as we read it in the pages of Caelius Aurelianus. It is remarkable that Soranus, who is generally so careful to emphasize the essential indivisibility of the mind–body complex, and who, in his therapy, seeks to apply both psychic and somatic measures together, seems to make homosexuality basically an affliction of a corrupted mind, to be overcome, if at all, not by any bodily treatment, but by a controlling of the mind. At the same time, Soranus reports the view widely held throughout antiquity, that this condition is inherited from generation to generation' (Drabkin, 'Remarks on Ancient Psychopathology', 228–9). See also P. H. Schrijvers, *Eine medizinische Erklärung der männlichen Homosexualität aus der Antike* (Amsterdam, 1985).

⁹⁰ *On Acute Diseases*, 122.

⁹¹ Pigeaud, *La Maladie de l'âme*, 122.

Franz Rosenthal has recently published ar-Rāzī's short treatise on *ubna*, which may have been, as ar-Rāzī claims, the first detailed medical monograph devoted to the subject. It is another indication of the medicalization of human behaviour in Islamic medicine. Briefly, ar-Rāzī considered the illness to be a birth defect; despite the implication that it was incurable, he believed that it could be treated under favourable circumstances, and he gives a number of treatments and prescriptions.⁹²

In this context, Ibn Sīnā's brief description is significant for his complete denial of a genetic cause of *ubna*; it is an illness (*'ila*), in which the afflicted is tormented by a host of lustful thoughts and an abundance of sperm. The patient may have this condition from birth or it may have been brought on by a gradual weakening of his faculties. Like other writers, Ibn Sīnā considers it a shameful condition: 'the fruit of a mean and lowly spirit; it bespeaks a depraved character, wicked habits, and a female disposition that is usually the endowment of women'. Ibn Sīnā continues quite bluntly: 'We should have no doubt but that other popular opinions about this sort of person are foolish. People who imagine they can cure effeminate homosexuals are singularly stupid. For this is a mental—not a physical—disease. Things that break the desire, such as worries, fasting, vigils, detention and beatings, constitute useful treatments.' Finally, he rejects a physiological explanation for the illness. Ibn Sīnā never mentions ar-Rāzī's earlier treatise.⁹³

The medical consensus on passive male homosexuality seems to have been that it was an incurable mental illness. It was like the mental derangements described by Galen, which were not amenable to medical treatment or moral instruction. Apparently, only ar-Rāzī considered the condition a medical problem that was treatable; there is, however, no hint of anything that would suggest psychotherapy. More than for other mental afflictions, most medical writers shift the issue to a non-medical, moral plane, where male passive homosexuality together with opposite-gender identification was considered as a socially unacceptable form of behaviour. In general, homosexuality is forbidden by Islamic law, but there is a difference of legal opinion about the penalty.⁹⁴

The understanding of homosexuality with regard to mental illness in medieval Islamic society may be illustrated by the discussion of Qustā ibn Lūqā, who took a special interest in psychological/physiological questions. He deals with homosexuality in his treatise *On the Causes of*

⁹² Franz Rosenthal, 'Ar-Rāzī on the Hidden Illness', *BHM*, 52 (1978), 45–60.

⁹³ *Qānūn*, ii. 549.

⁹⁴ Rahman, *Health and Medicine in the Islamic Tradition: Change and Identity* (New York, 1987), 122–3.

*the Differences Between Men in Their Character, Behaviour, Passions and Tastes.*⁹⁵ Men's passions include food, drink, music, carnal pleasures, wealth, and fame; curiously, he devotes the section on carnal pleasures to homosexuality. He is strongly opposed to homosexuality and condemns it from various standpoints—human nature, religion, medicine, and habit. Briefly, he believed it was an error of judgement to choose what is unnatural. One of the sons of the caliph al-Mu'tasim (AD 833–42) posed to him the opinion of al-Kindī (d. AD 860), the well-known philosopher, that homosexuality was not unnatural because it was practised by animals; Ibn Lūqā replied that men should simply not deviate from human nature. He claims that neither the New Testament nor the Qur'ān said anything about the subject; therefore, he cites the Levitical law against homosexuality. He says that many people believe that it does little damage to the body and they support their belief with medical opinion. Ibn Lūqā responds that only an ignorant, senseless, and irreligious doctor would give such advice because the ancient doctors were strongly averse to it; the sexual organs were suitable only for heterosexual intercourse; and the prophets were opposed to it. Only greed and lack of religion would induce a doctor to encourage an homosexual and not disabuse him of his error. Specifically, the doctor is ignorant because he does not know that Rufus had said that it was incompatible with nature and causes considerable injury to the body; it greatly wearies the male organ, and the body is thrown into even greater disorder than in sexual intercourse with women. Ibn Lūqā notes that Galen said nothing about this matter although other ancient doctors agreed with Rufus. And as for habit, the author says that homosexual practices are common among men because of the inaccessibility of women. Turning to the subject of *ubna*, Ibn Lūqā found it difficult to believe the accounts of the preference for male passivity until he was told about its common occurrence by his friends, including another son of the caliph al-Mu'tasim and Ḥunayn ibn Ishāq, the famous translator and physician. Ibn Lūqā claims that he read about *ubna* only in the works of Aristotle among the antique texts. Ibn Lūqā believed the reason for *ubna* was the smallness of the penis and the putrefaction (*fasād*) in the body that caused itching, like mange. According to Ibn Lūqā, such men depilate their beards and cut their nails with their teeth. 'I do not know, therefore, a reason [for this] except a weakness of judgement that created a habit that, in turn, induced a bad temperament [*sū' al-mizāj*] in those parts, that is in the beard and the fingertips.' Thus, Ibn Lūqā was at least

⁹⁵ *MI*, 126 ff.; R. P. Paul Sbath, ed. and trans., 'Le Livre des caractères de Qostā ibn Louqā', in *Bulletin de l'Institut d'Égypte*, 23 (1940–1), 112, 133–6/144, 162–5—a very free translation.

consistent with the Galenic view that mental illness was the result of a serious and enduring error of judgement that might disturb the bodily temperaments. Furthermore, his various arguments attest to the prevalence of homosexuality in medieval Islamic society. Far from being considered a mental illness, homosexuality was regarded by most people with indifference, so long as it was not flaunted in public. Like mental disorders generally, *ubna* really provoked fear—fear of effeminacy and of emotional dependence—not about sexuality but about the status of the Muslim male in a highly sexist society.⁹⁶

The issue of *ubna* demonstrates well the possibility of designating some forms of human behaviour as signs of mental illness and of treating the condition as a viable medical condition; it also shows the difficulties that this labelling creates. In the case of *ubna* in medieval Islamic society, the determination was easy because of conspicuous behaviour. There was apparently considerable ambiguity, however, about homosexuality in general, and historical analysis of the issue is complicated, as with insanity, by present-day uncertainties about the subject. Yet, the development within Galenic medicine of the general notion of mental illness, as serious impairment of mental functioning and not temporary emotional distress, was significant; in late antiquity, the medical diagnosis of signs was extended, and divorced from the patient's report of symptoms, it could encompass a wide spectrum of human activity.

While no attempt has been made to survey mental illnesses in all the medieval textbooks of Islamic medicine, it is reasonable to say that the works of al-Majūsī and Ibn Sīnā set the guide-lines for later discussions of these topics in the various oriental languages; at least, there appears to have been no major divergency. Two examples, one in Persian and the other in Turkish, appear to corroborate this generalization. The mid-seventeenth-century Persian work by Muḥammad Akbar, entitled *Ṭibb i-Akbari*, is a translation of Nafīs ibn 'Iwāḍ al-Kirmānī's (d. 853/1449) commentary to Najīb ad-Dīn as-Samarqandī's (d. 619/1222) *Kitāb al-Asbāb wa l-'alāmāt*, a comprehensive survey of bodily illnesses, topically arranged, that gives the causes, symptoms, and therapy for each illness. This textbook by as-Samarqandī as well as the commentary by al-Kirmānī were quite popular in the later Middle Ages.⁹⁷ The textbook is strongly dependent on the works of Ibn Sīnā, al-Majūsī, ar-Rāzī, and aṭ-Ṭabarī. Most interesting is the apparent eclipse of melancholia by mania

⁹⁶ See Boswell, *Christianity*, 194–7; P. Brown, 'Late Antiquity', in *A History of Private Life*, ed. P. Ariès and F. Duby (4 vols.; Cambridge, Mass.–London, 1987), i. 243. The subject of homosexuality in Islamic society has not yet been critically investigated.

⁹⁷ *MI*, 170.

in many instances, which seems to be comparable to the evolution of the notion of melancholia in early modern Europe.⁹⁸ *Saudā'* in Persian can mean both melancholia and madness; in the work of Muḥammad Akbar it means the latter, whereas melancholia is only a preliminary stage of madness. Akbar's organization follows roughly the three types of mania/melancholia according to their pathogenesis: (1) *soudā ā tabee* (bodily), (2) *murraē soudā* (cerebral), and (3) *mālikhōliā ā marāk* (hypochondriac). Insanity (*dīwānagī*) includes lycanthropy, mania, rabies, and *sadar* (defined as insanity with swelling of the brain). *Haṣayān* (delirious raving) is defined as 'a disorder of judgement, resulting in the loss of the power of thought' and having three divisions. *Raoonut* and *himak* are forms of insanity where all mental powers are lost and the patient is like a child. Love-madness (*ishk*) is either forbidden or permitted. *Saudā'* or *sōdā* could also mean passion in Persian and Urdu, and it was equivalent to '*ishq*' in Arabic.⁹⁹ *Nisyān* is loss of memory with three divisions, for which the symptoms and treatments were unknown.¹⁰⁰

A well-known and typical exposition of head diseases in Turkish is reportedly Mukbilzāde Mü'min's fifteenth-century account in his *Zahîre-i Muradiye*.¹⁰¹ Some conditions that would today be considered mental disturbances, such as hysteria and psychosomatic illnesses, do not appear among the head diseases but in sections on related physical illnesses, as we have seen in the classical Arabic works. Noteworthy are the apparently new, separate discussions of alcoholics, opium-eaters, and tobacco addicts. The descriptions of cerebral illnesses follow Ibn Sīnā. The first group of mental illnesses are grouped under *fersām*, whose symptoms are generally mental confusion, talking nonsense, fever, and trembling. One type of *fersām* is phrenitis (*tîz fersām*) that is swelling of the brain; phlegmon (*demevî verem*) is the inflammation of the brain with the familiar symptoms going back to Paul of Aegina. Another type is *subârî* (*ifratla olan fersâm-i tîz*), a syndrome obviously taken from Ibn Sīnā; it is characterized by madness (*divânelik*) and agitation (*aşûftelik*). Descriptions of other forms of *fersâm* follow: erysipelas (*humre*), *demregü* (probably severe delirium), and the cold *fersâm* (*soguk fersâm*) or lethargy. Concerning non-febrile head diseases, the author discusses

⁹⁸ See MD, 82 et passim.

⁹⁹ See J. C. Bürgel, 'Psychosomatic Methods of Cures in the Islamic Middle Ages', *Humaniora Islamica*, 1 (Paris, 1973), 165-7.

¹⁰⁰ J. G. Balfour, 'An Arab Physician on Insanity', *Journal of Mental Science*, 22 (1876), 241-9. On this matter as well as others, G. Zilboorg and G. W. Henry, *A History of Medical Psychology* (New York, 1941), 123, should not be relied upon.

¹⁰¹ For a survey of melancholia and its treatment in Ottoman medicine from the 15th to the 17th cent., see Nil Sari, 'Osmanlıca Tıp Yazmalarında Mâl-i Hülya ve Tedavisi XV-XVII.yy', thesis, 1982.

sleepiness or apathy (*subât* or Turkish *ogunmak*) and insomnia (*seher*). As in Ibn Sînâ, Mukbilzâde discusses the combination of these two contradictory signs, *seher subât* where the patient wants to go to sleep but wakes up soon after falling asleep; the patient talks nonsense like the insane and shows some of the signs of phrenitis. Apparently, there was also *subât-i seherî* according to Mukbilzâde; it is the opposite to *seher subât*, being characterized by somnolence, asthma, and difficulty in swallowing, urinating, and defecating. *Ahze*, catochus or catalepsy, is the same as in the classical works: a sudden paralysis as if dead. *Mâl-i hülya* is a general term that corresponds to the various forms of melancholia described in Ibn Sînâ: *merâki* is the hypochondriac form of melancholia. Madnesses (*envâ-i divânelikler*) include mania, rabies, bestial madness (*subara*), and lycanthropy; they are all characterized by aggressive behaviour. Lovesickness (*aşk*) is still interpreted as a mental illness. In general, despite some rearrangement, the order is close to that of Ibn Sînâ and the discussions are quite similar.¹⁰² Thus, most of the mental and neurological illnesses are treated by the Turkish doctor under the title of 'diseases of the head'. The relationships between the various types of diseases are described, and there is the usual confusion, from a modern point of view, between signs and syndromes; the basis of classification remains physical signs and behaviour.¹⁰³

One cannot help but be struck by the resilience of the conventional classification of mental disturbances from late antiquity until the early modern period, apart from the recognition of new or additional illnesses that affected mental functioning. Generally, the medical works of the later Middle Ages have been overshadowed by the classical Arabic texts and have, consequently, been neglected, but these later works, particularly those in Turkish, do admit more readily conditions that caused mental incapacity and behavioural changes, such as various addictions—alcohol, drugs, tobacco, and coffee—and new diseases, such as syphilis. On the other hand, repetition of the formal classification of mental ailments naturally raises doubts about their viability, especially when they are presented in the textbooks in such a non-clinical manner. Were

¹⁰² The correspondence continues between the two works: forgetfulness (*unutsaguluk*(?) or *unutsallgul*(?)) parallels Ibn Sînâ's discussion of loss of memory; *eblehlik*, stupidity or imbecility; *ihtilât-ı zihn*, mental confusion; *uykusuzluk* and *uyanıklık*, insomnia and wakefulness; *sûbân*, hydrocephalus; *devvâr* and *sedeve*, vertigo; *kâbus*, incubus; *sar'a*, epilepsy; *sekke*, apoplexy; *ihtilâc*, convulsion; *lâkeve*, facial paralysis; *hadr*, insensitivity (see *Qânûn*, ii. 107)—Mukbilzâde mentions opium-eating as one of its seven causes; *ra'ş*e, tremor; *falic*, paralysis or hemiplegia; *teşennük*, spasm; *küzâz*, various forms of spasm and paralysis; *levî*, overeating; *suda*, headache; and *şakika*, migraine (Editor unable to verify reference).

¹⁰³ Nil Sari, 'The Classification of Mental Diseases in the Ottoman Medical Manuscripts', in *Tıp Tarihi Araştırmaları*, i (Istanbul, 1986), 105–12.

conditions like melancholia and phrenitis, mania and lovesickness actually diagnosed and treated by medical practitioners? Undoubtedly they were, but it is impossible to determine to what extent. Some of the syndromes, however, were purely notional. Lycanthropy is a good example. There is, to my knowledge, no non-medical evidence in Arabic for this condition in the medieval period; no layman mentions werewolves. The category of lycanthropy appears to have been a medical relic preserved in Greek medicine, where it may have corresponded originally to popular perceptions of madness. Aside from such conceptual fossils, the traditional medical categories seem to have corresponded adequately to types of unusual behaviour that were actually observed and, to varying degrees, entered into popular perceptions, which is signalled by the use of medical jargon.

(3) Treatment

Concerning the treatment of mental illnesses, Ibn Sīnā relied heavily on the physiological tradition of Galen and resisted the occult in his theoretical explanation of diseases; specifically, he did not follow the lead of Alexander of Tralles or early Islamic doctors in admitting magical treatments and remedies. There is no basis for the modern view that Ibn Sīnā recommended electroshock therapy. Joshua Leibowitz has suggested that 'it would appear that Ibn-Sina approaches closer to the present-day indications for electroshock therapy, namely, in mental disease'.¹⁰⁴ There is little support for this suggestion. The passage in question is found in the section on simples in Ibn Sīnā's *Qānūn*¹⁰⁵ under *ra''da* (an electric ray): 'It is said that the electric ray, if it were placed on the head of someone suffering from a headache, will take away the headache [*as-sudā'*]. Galen said: "I think that it works in this manner when it is alive; as for a dead one, I experimented with it and nothing happened".'¹⁰⁶ It is the stupefying [*mukhaddir*] fish.' *As-sudā'* may mean 'melancholia' in Persian and Turkish, but that is not the meaning here.¹⁰⁷ As a treatment for headache, Ibn Sīnā is quite consistent with the use of a torpedo in earlier Greek medicine.¹⁰⁸ In the secondary literature Ibn Sīnā is also reported to have claimed that malaria was a cure for insanity; this

¹⁰⁴ 'Electroshock Therapy in Ibn-Sīnā's Canon', *JHMAS*, 12 (1957), 71 f.

¹⁰⁵ *Qānūn*, i. 432.

¹⁰⁶ See Kühn, xii. 365.

¹⁰⁷ Cf. Ibn Sīnā's detailed discussion of headaches in his *Qānūn*, ii. 24-44.

¹⁰⁸ See John F. Fulton, 'Origins of Electroshock Therapy', *JHMAS*, 11 (1956), 229 f.

assertion is apparently based on the mistranslation by O. C. Gruner.¹⁰⁹ Ibn Sīnā actually says that 'one illness is a healing for another like quartan fever, which very often heals epilepsy' and other diseases.¹¹⁰ Finally, there is no evidence in Ibn Sīnā's discussion of melancholia that he was the inventor of 'the whirling chair', a therapy of the early modern period.¹¹¹ Nevertheless, the considerable detail in the oriental descriptions of mental diseases, especially the proliferation of procedures, would suggest more active treatment than in antiquity.

¹⁰⁹ *A Treatise on the Canon of Medicine of Avicenna, Incorporating a Translation of the First Book* (London, 1930), 171.

¹¹⁰ *Qānūn*, i. 79.

¹¹¹ Peter Sedgwick, 'Michel Foucault: The Anti-History of Psychiatry', *Psychological Medicine*, 11 (1981), 241.

OTHER CAUSES OF INSANITY

There are a number of mental disorders that are not mentioned in the medieval medical texts that a present-day reader might expect. The reasons for such omissions may be because modern psychiatry differs fundamentally from medieval Galenism, but also because of the social stigma in Muslim society attached to some addictions, such as alcohol and narcotics, and the reluctance of medieval and modern historians to discuss them, or because an illness, such as syphilis, or substance, such as tobacco, became prevalent only in the early modern period, as we have seen in the fifteenth-century Turkish account of cerebral diseases.

Alcoholism may, of course, lead to insanity, but its general prohibition in Muslim society because of its threat to mental competency is also significant. It should be remarked that wine was not initially prohibited by Muḥammad, for it was described in the Qur'ān as nourishing (16: 69). Moreover, some jurists in the medieval period argued that the Prophet only prohibited excessive wine-drinking, and others conceded its medicinal value. In Muḥammad's lifetime, however, the consequences of drunkenness, such as irresponsible behaviour and disturbance of communal prayer, led to the Prophet's admonition against it. 'Satan only desires to precipitate enmity and hatred between you in regard to wine and arrow-shuffling [gambling], and to bar you from the remembrance of God, and from prayer' (5: 93). In reiterating this rule, 'Umar, the second caliph, gave the reason for the ban—mental incapacity; he is reported to have said: 'Wine is what obscures the intellect.'¹ The Arabic word for wine *khamr* was believed to have been derived from *khāmara*, meaning 'to seize', so that *khamr* was anything that seized or overwhelmed the mind. The general argument of the pious traditions regarding the avoidance of drunkenness is also because it diminishes one's reason. Surprisingly, alcoholism is usually not discussed by the medical writers as a cause of mental impairment, or at least not in the context of mental illnesses. What is mentioned are remedies for

¹ 'Wa l-khamr mā khāmara al-'aql.' Quoted in *EI*2, s.v. 'Khamr' (A. J. Wensinck).

hangovers. For example, among the various types of headaches, Ibn Sīnā describes various treatments for that caused by excessive drinking.²

Historical evidence indicates that Muslims frequently did drink intoxicating beverages,³ and the literary evidence, especially Persian poetry, suggests that wine was heartily enjoyed, even enjoined, by Muslims. The medical evidence, therefore, is consistent with the fact that alcohol was abused, and it is reasonable to assume that alcoholism existed, to some extent, among Muslims as well as non-Muslims. The most notable example of an addiction to wine in the early Islamic era is probably the Umayyad caliph Yazīd I (AD 680–3).⁴ In comparison, the Byzantine Greeks were relatively sodden, or that was their reputation.⁵ 'If you enter a hospital, says John Chrysostom (d. c. AD 407), and ask questions, you will learn that almost all the maladies have their source in intemperance.' and he cites among the serious difficulties engendered by drunkenness: 'heavinesses of the head, weak-sightedness, gout, tremors, paralyses, jaundice'.⁶ Wine was frequently prohibited and taverns closed in Egypt during the later Middle Ages, which was not unrelated to frequent outbursts of Muslim religious zeal.⁷ At this time, the quasi-medical definition of drunkenness given by Mūllā Khusraw (d. AD 1480) may be typical: 'Drunkenness is a state that afflicts a man with the filling of his brain with vapors that rise up into it, so that his reason, which distinguishes between fine things and foul, ceases to function.'⁸

Unlike alcohol, various other drugs were not barred by Muslim scripture; however, jurists who were hostile to their consumption based their censorship on analogy to wine and spirits. Cannabis, for example, was condemned by its critics for being intoxicating like wine, or

² *Qānūn*, ii. 37–8. Ibn al-Jazzār also appears to discuss the alleviation of drunkenness (*fi 'ilāj afrāt as-sukr*) in bk. i, ch. 19, of his medical vade-mecum; the chapter is cited in Dugat, 'Études sur le traité de médecine', 341, but the manuscript was not available to me.

³ E. Jeanselme, 'L'Alcoolisme à Byzance', *Société française d'histoire de la médecine* (Paris, 1924), 295; idem, 'Goutte et tares nerveuses dans le dynastie des Osmanlis', *ibid.* (1923), 391 *et passim*.

⁴ Although the topic has not been systematically studied, see Jean Vinchon's brief article that deals primarily with early-modern Persia and Turkey: 'Notes sur l'histoire de l'alcoolisme dans l'Islam', *Mémoires de la Société française d'histoire de la médecine et de ses filiales*, 1 (1945), 21–4.

⁵ Jeanselme, 'L'Alcoolisme à Byzance', 290–5.

⁶ Quoted *ibid.* 290, which also cites Symeon Sethi: 'describing the disorders caused by wine, he blames it for producing apoplexies, epilepsies, a disposition of the body to tremors, and altering judgement. Also, he adds, those who consume wine to excess show a dullness of the senses and their mind loses its clarity.'

⁷ Ralph S. Hattox, *Coffee and Coffeehouses: The Origins of a Social Beverage in the Medieval Near East* (Seattle, 1985), 41, 46–57.

⁸ *Ibid.*

corruptive of one's mind, body, and religion.⁹ Still, attempts to control or limit the use of mind-altering drugs in medieval societies were intermittent and ultimately half-hearted.¹⁰ According to Franz Rosenthal, cannabis, or hashish, is most representative of these hallucinatory drugs and was probably the most widely used. Hashish use apparently developed with the growth of sufism, whose orders spread rapidly across the Middle East from the twelfth century.¹¹ Sufis and scholars were frequently the defenders of hashish because of its influence on the imagination, which was considered a useful aid to religious experience or intellectual endeavour. Whether good or bad, the psychic effects of hashish were certainly well known by the later Middle Ages.¹²

As with other substances, the action of cannabis on the human body was interpreted by doctors according to the humoral theory and various properties were attributed to it, including hemp's reputed ability to cure epilepsy.¹³ Moreover, 'Medical euphemisms such as *ma'jūn* "paste, electuary" or *tiryāq* "theriac" were suitable cover-names for all kinds of hallucinogenic drugs, including hashish.'¹⁴ As usual, laymen drew upon medical opinion to justify their attitude toward the drug. Going beyond traditional medical opinion about cannabis, az-Zarkashī (d. 794/1392) attributed to it practically every possible human ill. He begins his catalogue of its ravages by saying:

It destroys the mind (*'aql*), cuts short the reproductive capacity, produces elephantiasis (*judhām*) [i.e. leprosy], passes on leprosy (*baras*), attracts diseases, produces tremulousness (*ri'shab*), makes the mouth smell foul, dries up the semen, causes the hair of the eyebrows to fall out, burns the blood, causes cavities in the teeth, brings forth the hidden disease [i.e. male passive homosexuality],¹⁵ harms the intestines, makes the limbs inactive, causes a shortage of breath, generates strong illusions (*hawas*), diminishes the powers (of the soul).¹⁶

It was commonly believed by the enemies of hashish that it led to insanity among habitual users. Some of the nicknames used for hashish appear to refer to its mind-altering effects, especially its association with insanity.¹⁷ Mental derangement might be assumed to be temporary, but generally it was believed to be a permanent change. 'In the most commonly used Arabic words, hashish "changes the mind" (*tughayyir*

⁹ Franz Rosenthal, *The Herb, Hashish Versus Medieval Muslim Society* (Leiden, 1971), 101–17. M. Levey's article on 'hashish' in the *EI2* should be used with caution.

¹⁰ Rosenthal, *The Herb*, 2.

¹¹ Ibid. 53.

¹² Ibid. 72, 80.

¹³ Ibid. 74.

¹⁴ Ibid. 26.

¹⁵ For hashish as a cause of *ubna*, see ibid. 82–6.

¹⁶ Quoted ibid. 86; see also p. 89.

¹⁷ Ibid. 22–3, 28.

al-'aql), or it "makes it absent" or "remote" (*tughayyib*), removing it from reality.¹⁸ Ibn al-Bayṭār, the famous thirteenth-century botanist, described Indian hemp in Egypt and commented: 'Taken in too large doses, it may lead to light-mindedness (*ru'ūnah*). Some users were affected by mental disorder and driven into insanity; it may also kill.'¹⁹

To the opponents of cannabis, the addict appeared as a fool, a madman, or worse. For example, a hostile witness described the district of al-Junayna, near Bāb ash-Sha'riya, in Cairo, which was a gathering-place for hashish eaters, in the following way: 'One could see derelicts lying around "like hospital patients" (*kaḍu'afā* *al-bīmāristān*), crazed like the inmates of an asylum and quite oblivious to the world around them.'²⁰ In the late nineteenth century, English doctors in Egypt called attention to the effects of hashish or the combined influence of hashish and alcohol on the native population. It was estimated that almost half of the male patients in mental asylums were admitted because of hashish consumption.²¹

Opium was used officially as an analgesic and sedative and as a popular narcotic from an early time; it was commonly referred to as *tiryāq* in the oriental languages.²² In the late sixteenth century two Europeans observed opium addiction in the Middle East. Between AD 1573 and 1576 Leonhart Rauwolff travelled in Syria-Palestine, searching for drugs and simples. Concerning opium, he says, that 'It is called "Ofinn", which the Turks, Moors and Persians take inwardly, not only in war to make them courageous and valiant, but also in time of Peace, to drive away Melancholy and Care, or at least to ease it.' Rauwolff asserts that the sufis take it, and the drug permits them to carry out their self-mutilations. Furthermore, he observed that the drug was addictive. Opium was commonly extracted from the white poppy, which is called *cascasch*; a spiral cut was made on the poppy bud, from which a milk was taken that was, then, made into balls. It was commonly used by the Turks, for which the antidote was *aslab*.²³

Prosper Alpin lived in Cairo from 1581 to 1584 and also commented on opium addiction. Those who tried to ease their addiction or even to renounce it usually died prematurely, according to Alpin. The people

¹⁸ Ibid. 91-2.

¹⁹ Quoted *ibid.* 56.

²⁰ Quoted *ibid.* 95-6.

²¹ Marilyn A. Mayers, 'A Century of Psychiatry: The Egyptian Mental Hospitals', diss. (Princeton, NJ, 1984), 132-4.

²² For a general survey of the use of opium in 'psychiatry', see Matthias M. Weber, 'Die "Opiumkur" in der Psychiatrie, Ein Beitrag zur Geschichte der Psychopharmakotherapie', *Sudhoffs Archiv*, 71 (1987), 31-61.

²³ *A Collection of Curious Travels and Voyages . . . The First Containing Dr. Leonhart Rauwolff's Itinerary into the Eastern Countries*, trans. Nicholas Staphorst (London, 1693), 115.

who were addicted to theriac, i.e. hashish, were called 'tharach'; those addicted to opium were called 'affiun'; and those who consumed *assis* (?) are known as 'ass'.²⁴ He observed that the Egyptians frequently used opium and had done so for a long time. They believed, according to Alpin, that it raised their spirit and ability, especially in making love and war. As with other drugs, Alpin said that opium was used by Egyptians, both rich and poor, to induce pleasurable hallucinations, in which the imagination was disturbed as in melancholia. The drug also caused men's bodies to become cold; their bodily functioning was disturbed; and they behaved, most of the time, as if they were drunk or stricken by psychic torpor.²⁵

The introduction of coffee into the Middle East in the sixteenth century and its subsequent popularity is also quite interesting from our point of view and is not unrelated to the issues of wine and drugs. The legendary origin of coffee was closely associated with its medical value: Solomon was reputed to have been the first to make use of coffee. During his travels, he reportedly came to a town that was stricken by some disease. At the command of the angel Gabriel, he roasted Yemenī beans, from which he brewed the drink, and he gave it to the people of the town and cured their illness.²⁶ Less mythological, an early sixteenth-century Egyptian account of the origins of coffee-drinking reported that it was introduced into the Yemen in the fifteenth century by a learned shaykh who had travelled to Ethiopia and found the people using *qahwa*, 'coffee'. On his return to Aden he fell ill; he drank coffee, and it benefited him. 'He found that among its properties was that it drove away fatigue and lethargy, and brought to the body a certain sprightliness and vigor.'²⁷ The first important attempt to prohibit coffee took place in Mecca in 917/1511 and, according to one report, was prompted by two Persian physicians. At the legal hearing about the matter, the two physicians testified that, because of coffee's cold and dry qualities, it was harmful to a balanced temperament. Others who were present supported the doctors, saying that they had suffered 'mental and personality changes from the beverage'.²⁸ On the basis of the medical advice, coffee was forbidden in Mecca although its suppression was

²⁴ Prosper Alpin, *Histoire naturelle de l'Égypte, 1581-1584*, trans. R. de Fenoyl and S. Sauneron, Institut français d'archéologie orientale du Caire (2 vols.; Cairo, 1979), i. 136.

²⁵ Alpin, *La Médecine des Égyptiens, 1581-1584*, trans. R. de Fenoyl (2 vols.; Cairo, 1980), ii. 255-64.

²⁶ Hattox, *Coffee and Coffeehouses*, 12-13.

²⁷ Ibid. 14. Hattox points out (p. 17) that the medical benefits of coffee are mentioned in parallel accounts; its popularity was due initially to its ability to cure a sort of mange.

²⁸ Ibid. 33-5.

ineffectual. In general, the opponents of coffee tried to base their opposition on the undeniable change or stimulation that it produced in the body. Coffee was clearly not intoxicating like wine and, therefore, forbidden, but if it could be shown that it was detrimental to the mind and body, like hashish, its enemies could urge its being banned.

Muḥammad ibn Maḥmūd al-Zaynī al-Ḥusayn, a sixteenth-century physician, wrote a short treatise against coffee because of its harmful physical effects.²⁹ Al-Zaynī says that the doctors of his day, who were incompetent, were inattentive to coffee when it was first introduced. Eventually, a young man named Beyzāde Muḥammad went to these ignorant doctors because of his melancholia and lethargy. Dissatisfied, he studied medicine himself and became a skilled physician. After considerable study, Beyzāde Muḥammad decided that coffee was responsible for his ills as well as those of the general public, so he warned others about its consumption. Inspired by his teacher, al-Zaynī sought to determine the harm and benefit of coffee and the remedies for its bad effects. He concluded that coffee was cold and dry, and thereby associated with black bile. On the other hand, the well-known contemporary Egyptian physician Dā'ūd al-Anṭākī believed that coffee was hot and dry; he maintained that it was bitter, and all bitter things are hot.³⁰ Al-Zaynī and others argued that the qualities (cold and dry) of coffee, which were enhanced by roasting, would naturally aggravate a person whose temperament was predisposed to melancholic illnesses. Presumably because of coffee's dry quality, it was admitted by most commentators that coffee could cause melancholia, and this opinion was taken up by eighteenth-century European writers on the subject.

Aside from melancholia, over-indulgence in the beverage was considered by physicians to lead to insomnia, loss of appetite, suppression of sexual desire, haemorrhoids, and recurring headaches. Al-Anṭākī asserts that one should not drink coffee with milk because it may cause leprosy (*baras*). Conversely, coffee was believed by its supporters to be advantageous to those with a sanguine temperament and for women, and if one believes it to be dry and hot, it was beneficial for the phlegmatic. Among its other benefits were its diuretic effects,³¹ its calming effect on the agitation of the blood, and its prevention of smallpox, measles, and

²⁹ The treatise has been closely studied by Hattox, *Coffee and Coffeehouses*, 63–71, 136.

³⁰ See the translation of this passage from al-Anṭākī's *Tadhkirat* in Bonbaker Ben Yahia, 'La Science dans les pays musulmans au xvi^e siècle', *La Science au seizième siècle*, Colloque international de Royaumont, 1–4 July 1957 (Paris, 1960), 223–4.

³¹ Hattox quotes one hostile author about the diuretic effect: 'The heart and guts are so weakened that the drinker suffers delusions, and the body receives such a shock that it is as though it were bewitched' (ibid. 68).

bloody skin eruptions; its stimulation effect is, generally, not emphasized by the doctors as a benefit.³² In general, it may be said that medical opinion usually served as grounds for a legal decision or as advice to government authorities to prohibit coffee, but the physicians were not unanimous in their opinions about its baleful effects; only al-Zaynī was unrelievably hostile and gives the treatment for its harmful effects and coffee surrogates. Coffee was, however, not so clearly physically damaging as to support its complete prohibition. On the other hand, the popularity of the beverage eventually overwhelmed all opposition.

The real source of hostility was toward the coffee-house or the suspicious gatherings of men, outside their homes, ostensibly to drink coffee. The coffee-house bore much of the censorship that had always been placed on the tavern—the coffee-house was ‘a tavern without wine’. Moreover, the coffee-house was an innovation in the traditional pattern of Middle Eastern urban life, which in itself created opposition. At the end of the sixteenth century, a Turkish official Muṣṭafā ‘Alī visited Cairo and wrote the following very unfavourable description of some of the coffee-houses by comparing them to hospitals:³³

Certain coffee-houses of this city are filled with drooling madmen deprived of reason and understanding while at the same time the [mental] hospitals [of the city] yearn for mental patients. Themselves called ‘sick-houses’ [*bīmār-xāne*] they themselves are suffering from this disease; their dilapidated corners are full of scorpions and snakes and some lice have remained stuck on the walls [stunned] like a wall, in the manner of stupefied opium-eaters that have lost consciousness in the coffee-houses, thus transforming these corners, [once] the abode of Muslims, into a pagan temple.³⁴ The strangest thing of all is that they even let these out-of-tune (i.e. deranged) persons make music. They transform this dungeon filled with a thousand moving corpses into a house where there is a wedding feast. Though, who is reciting, who is listening? The wretched musicians play and sing solely to receive their pay, and moan and groan [themselves] like harp and rebeck. Where would one find a coffee-house that would house the fine, educated men of *Rūm* or one where the scholars of the Arabian and Persian lands would assemble?

³² Leonhart Rauwolff recommended coffee, which he saw in Tripoli (Syria) about AD 1570; it was ‘very good in illness, chiefly that of the stomach’ (*A Collection of Curious Travels and Voyages*, 92). Slightly later, in 1581–4, Alpin (*La Médecine des Égyptiens*, ii. 254, 264–5) attests to the enormous popularity of coffee in Egypt, particularly because of its beneficial effects on the stomach.

³³ Muṣṭafā ‘Alī’s *Description of Cairo of 1599*, ed. and trans. Andreas Tietze (Forschungen zur islamischen Philologie und Kulturgeschichte, 5; Vienna, 1975), p. 38/109–10.

³⁴ Ibid., n. 38: ‘Pagan temples are visualized as having their walls decorated with paintings. At the same time, a pun is involved: *būtxāne*, “pagan temple”, and “*būtxāne*, “louse-house”.’

Syphilis also apparently made its appearance in the early Ottoman Period. It was introduced into the Middle East in the late fifteenth century. The chronicler Ibn Iyās (d. AD 1528) noted that, among the unhappy events of 903/1497–8, an evil known as ‘the French pox (*al-ḥabb al-franjī*)’ had appeared among the people. . . . the doctors were powerless in the face of this disease that had never appeared in Egypt before the beginning of this century; countless people died of it.’³⁵ The disease eventually found its way into the medical textbooks alongside the ancient diseases. Ibn Sallūm (d. AD 1669), the most celebrated Ottoman physician in this period, wrote a medical encyclopaedia that was important for its incorporation of the ‘new medicine’ or chemical medicine of Paracelsus. In his description of syphilis (*al-ḥabb al-afranjī*), he says that some of the symptoms of the disease resemble those of melancholia. Furthermore, one of the more malignant forms begins with a bad illness, like ictus, melancholia, fever, or obstruction of the liver.³⁶ The oriental authors do not mention general paralytic insanity, but it was observed in the nineteenth century by foreign doctors in Egypt and its connection with syphilis was suspected.³⁷

The British doctors in Egypt also called attention to the relationship between insanity and pellagra. John Warnock, who became the superintendent of the asylum system in Egypt in the late nineteenth century, took particular interest in this disease. He posited the existence of a distinct form of insanity due to pellagra, a niacin deficiency in the diet. Although the cause of the illness was unknown at the time, it was recognized that pellagra resulted from the poor diet of the *fellāḥīn*, or peasants. It was widespread in the countryside in the late nineteenth century and was considered a ‘normal’ condition, rather than a ‘disease’, by the *fellāḥīn*, who attributed the condition to sorcery or fright. Presumably pellagra had been endemic in Egypt for a considerable amount of time. Warnock diagnosed pellagrous insanity as melancholia, or acute mania, passing into dementia and accompanied by emaciation, anaemia, and diarrhoea. He claimed that it was the ‘greatest cause of insanity in Egypt and deaths among the insane’.³⁸

³⁵ *Badā’i’ az-zuhūr* (Istanbul, 1936), iii. 344, 373.

³⁶ Max Meyerhof and M. Monnerot-Dumaine, ‘Quelques Maladies d’Europe dans une encyclopédie médicale arabe du XVII^e siècle’, *Bulletin de l’Institut d’Égypte* (Cairo), 24 (1942), 38.

³⁷ See Mayers, ‘A Century of Psychiatry’, 135–7.

³⁸ *Ibid.* 124–32.

THE TREATMENT OF THE INSANE

For every disease there is medicine to cure it except for madness,
plague and old age'.

al-Manṣūrī¹

The medical texts suggest how the mentally disturbed should be treated; unfortunately, they generally do not tell us how they *were* treated. The rare historical descriptions of the care of the insane are, therefore, an essential complement to the medical texts. These descriptions are mainly of the violently insane in hospitals, but this focus should not be allowed to obscure the customary, less dramatic and more familial care in the home. Whether in the hospital or in the home, we can anticipate all manner of physical therapy as well as simple care. And as Ibn Bakhtīshū', a physician who treated the insane in a hospital, attests, the treatment of madness also raises the question of psychotherapy.

(A) HOSPITAL CARE

The special provision for the insane in the hospital, *bīmāristān* or *māristān*, was a remarkable aspect of medical practice in medieval Islamic society.² In fact, the word *māristān* came to mean an 'insane asylum'

¹ Quoted in Dols, *The Black Death in the Middle East* (Princeton, NJ, 1977), 109.

² In the late 19th cent. J. B. Ullersperger in his history of psychology and psychiatry in Spain (*Die Geschichte*) initiated a controversy over the precedence of insane asylums. He claimed such precedence for Spain, maintaining that the first institution for the insane was established by Christians in Valencia in AD 1409. This assertion has unfortunately been periodically reiterated by others since his publication (e.g. Peter Bassoe, 'Spain as the Cradle of Psychiatry', *American Journal of Psychiatry*, 101 (1945), 731-8). Yet, as the present study should make quite clear, the cumulative evidence for the medical care of the insane in Islamic hospitals before AD 1409 is overwhelming. Ullersperger's view seems to be that the early 15th-cent. foundations were devoted exclusively to the insane, although this exclusivity is not demonstrated. Moreover, Ullersperger overlooks the religious nature of these institutions compared to the largely secular Islamic hospitals. Furthermore, there is evidence that the insane were hospitalized in Europe, especially in Florence, before the 15th cent.; see Peregrine Horden, 'A Discipline of Relevance: The Historiography of the Later Medieval Hospital', *Social History of Medicine*, 1 (1988), 363. Consequently, if the meaning of 'insane asylum' is simply the institutional care of the mentally

during the Middle Ages, when many of these institutions were identified primarily with their care of the mentally deranged.³

As we have seen, the massive translation of Greek medical texts into Arabic was contemporary with the establishment of the Islamic hospital, which was unusual in its provision for the insane in special wards or halls. Although the importance of these wards has been exaggerated by some scholars,⁴ there can be little doubt that they existed in the hospitals, probably from the inception of the institution in the early ninth century. Yet, it is very difficult to know what actually went on in these sections of the hospital, for no archival records have survived from the medieval period, and clinical cases from the hospitals are rare in the medical literature. Still, the otherwise jejune accounts of brain disorders in the medical texts may be closely associated with the novel creation of institutional care for the insane.

The first Islamic hospital appears to have been established by the early ninth century in Baghdad and to have been modelled on the East Christian *xenodocheion*.⁵ As we have seen, these charitable Christian institutions seem to have been mainly monastic infirmaries. They were established by the Eastern Christians before the advent of Islam and continued to be built in the early Islamic era. The best evidence that we have for the founding of such a 'hospital' is a letter by Timothy, who was the patriarch of the Eastern Church in Baghdad from AD 780 to 823; he was an important figure at the 'Abbāsid court as well as in the Church, which underwent a remarkable expansion during his patriarchate. In AD

disturbed, Ullersperger's claim is insubstantial. His contention had been made in response to J. G. Desmaisons' *Des asiles d'aliénés en Espagne* (Paris, 1859; repr. in *Psychiatry in Russia and Spain* (New York, 1976)), 50–4, which recognized the provision for the insane in medieval Islamic hospitals and suggested its influence on Spanish institutions. The difficulty with Desmaisons' thesis is that there is no firm evidence for hospitals in Andalusia until the late one built in Granada between AD 1365 and 1375 by the Nāṣirid sultan Muḥammad V. (See the survey by Dieter Jetter, *Geschichte des Hospitals*, iv (Wiesbaden, 1980), 30–78; idem, 'Hospitalgebäude in Spanien', *Sudhoffs Archiv*, 44 (1960), 254; idem, 'Zur Architektur islamischer Krankenhäuser', *Sudhoffs Archiv*, 45 (1961), 263–72.) Terzioğlu (*Mittelalterliche islamische Krankenhäuser*, 56–62) points out that the foundation inscription of the Granada hospital does not specify the care of the insane, but given the long history of the Islamic hospital cum insane asylum and that this hospital was used as an insane hospital after the Reconquest (AD 1492), it is very likely that the mentally disturbed were treated there from the outset. Subsequently, the controversy has centred on the sterile issue of the priority among European countries in the institutionalization of the insane.

³ Leopoldo Torres Balbás, 'El Māristān de Granada', *al-Andalus*, 9 (1944), 481–500. See the discussion of *dār al-majānīn* in the accounts of the 'wise fools' below.

⁴ See Ellen Bay, *Islamische Krankenhäuser im Mittelalter*, 1967; Terzioğlu, *Mittelalterliche islamische Krankenhäuser*. For further bibliography, see Dols, 'Insanity in Byzantine and Islamic Medicine', *Symposium on Byzantine Medicine*, Dumbarton Oaks Papers, 38 (Washington, DC, 1984), 135 n. 3.

⁵ See Dols, 'Origins of the Islamic Hospital', 367–90.

790 Timothy wrote to Sergius, whom Timothy had appointed as metropolitan of Elam (Khūzistān); Sergius was a good friend of Timothy's and also a doctor. After discussing personal and church affairs, Timothy says:

We have built a *'ksndwkyn* [= *xenodocheion*], that is a *bymrstn* [= *bīmāristān*] in the Royal Cities [a-Madā'in or Ctesiphon/Seleucia], and we have spent more or less 20,000 [*zūxē*]. It has been roofed over already and completed, and pray that our Lord may give in it healing to the sick and to those who are bodily or spiritually sick.⁶

In this manner, a place clearly for the diseased and distressed was created in nearby al-Madā'in in the late eighth century AD, probably with governmental approval and with the financial support of the Syrian Christian community, especially the physicians, who seem to have been numerous. The Patriarch explicitly defines his *xenodocheion* as a *bīmāristān*. This term, meaning 'a place for the sick' in Persian, would seem to indicate that the Christian hospital had become a recognized institution in Persia by the late eighth century AD. It is important because the Muslims took over this name as well as the Christian institution when an Islamic hospital was first established in Baghdad. The Christian *xenodocheia* were probably orientated to Galenic medicine to the extent that they were supervised by men who had studied the Galenic texts in Syriac translations and were, therefore, aware of Galenic teachings about mental illnesses.⁷ The letter of Timothy to Sergius suggests that the mentally ill—the 'spiritually sick' presumably—as well as the physically ill were to be treated in the new hospital in al-Madā'in, so that the basic ingredients of the Islamic hospital appear to have been present in the earlier Christian institution.

What may have occurred in the creation of the first major Islamic hospital in Baghdad, whose pattern seems to have been followed throughout the 'Abbāsid Empire, was the readjustment or recasting of medicine as it was then understood by Syriac doctors and of medical practice as its practitioners envisioned it to be. On the first point, insanity appears in the important work of Alexander of Tralles as an independent field of medicine, and the work had been translated in the

⁶ For a summary of the letter, see *Les Lettres du Patriarche Nestorien Timothée I*, ed. Raphael J. Bidawid (Studi e Testi, 187; Vatican City, 1956), 35–6. Sebastian Brock has very kindly read for me a copy of the letter (no. 44) that is located in the Mingana Collection (Selly Oak, Birmingham), no. 587F, fo. 802b. For further background, see Hans Putnam, *L'Église et l'Islam sous Timothée I (780–823)* (Recherches, NS B, Orient chrétien, 3; Beirut, 1975).

⁷ See Degen, 'Galen im Syrischen', 131–66; idem, 'Ein Corpus Medicorum Syriacorum', 114–22.

early ninth century AD. Does an Arabic work exist that might reflect a similar point of view about insanity at this time? The early Arabic compendium of medicine by 'Alī ibn Rabbān at-Ṭabarī (d. c.240/855), *Firdaws al-ḥikma*, does show such a continuity with Greek medicine and furnishes an intellectual base for such a medical speciality, to which a separate section of the Islamic hospital was devoted. At-Ṭabarī begins his chapter on the illnesses of the brain in the following manner:

I will mention in this chapter thirteen kinds of mental illnesses. Among them is epilepsy [*aṣ-ṣar'*], which is *ifilibisiyā*. The people call it also the 'prophetic illness' [*al-maraḍ al-kāhinā*] because many of these sick people can tell the future and astonishing things appear to them. [The other illnesses include] despair [*al-wahsha*], madness [*al-waswasa*], delirium [*al-hadhayān*], damages to the imagination and intelligence [*fasād al-khayāl wa l-'aql*], forgetfulness [*nisyān*], brutality in the open countryside [*at-tawahhush fī l-bārārī*] with the wild animals, insomnia [*as-suhr*], lethargy [*as-subāt*], roaring in the head [*ad-dawī*], vertigo [*ad-duwār*], and swelling [*waram*]. In addition, I will mention six kinds of headache [*as-sudā'*].⁸

Secondly, the presentation of cerebral illnesses, untainted by popular superstitions, had the virtue of appearing as true 'science'. This stance was promoted by Islamic doctors, whose texts, besides transmitting a basic fund of information, may be seen not as the creations of mindless systematizers but as the continual reassertions of scientific competence. In any case, there was no major change in the interpretation of insanity at this time that would account for its unusual prominence. Yet, the advent of the Arab conquerors and their religion may have had some effect on this development. The Arab conquerors supplied new and generous patronage of the 'foreign sciences'. Regarding insanity specifically, orthodox Islam, as opposed to sufism, did not sanction exorcism in any way comparable to Christianity, so that religious exorcism for Muslims was not an alternative to medical treatment.

The innovation of insane wards, then, may have been largely the result of the vigorous promotion of Galenism by the doctors themselves. It is likely that the Christian doctors in ninth-century Baghdad actively sought the patronage of the imperial court for the advancement of Galenic medicine, which was institutionalized in the hospitals, and for their own benefit. In this regard, the medicalization of unusual

⁸ At-Ṭabarī, *Firdaws al-ḥikma*, 138; see the commentary and translation of Thies, *Erkrankungen*, 21–37, 76. See also Ps. Thābit Ibn Qurra, *Kitāb adh-Dhakhīra*, ed. G. Sobhy (Cairo, 1928), ch. 7: 'On Melancholia, *Iblīhiyā* [epilepsy] . . .', where the brief account of *mālīkhūliyā* follows Galen's somatic approach (pp. 28–31); the compendium is probably of the early 10th cent. AD.

behaviour would seem both justifiable and necessary to the Christian doctors. It was justifiable because of the status that mental disorders had gained as somatic illnesses in late antiquity. It was necessary because of the competition for authority with Perso-Indian medicine and native folk medicine. From the government's side, the hospital was an appropriate means of fulfilling the strong Muslim obligation of charity toward the disadvantaged. For the urban poor, it supplied essential social services that had previously been afforded by Christian monasteries, which did not exist in the new cities that were built by the Arabs, such as Baghdad, and which gradually declined elsewhere.⁹

Thus, Galen's system of humoral pathology appears to result in the early Islamic era, on the one hand, in a large body of scholastic medical texts and, on the other, in an active medical institution. Generally, an intimate knowledge of the major medical texts and practical experience in the hospitals became the criteria of professional medical status in medieval Islamic society, for there was no other form of accreditation.¹⁰ In the long run, the hospital, as a Galenic institution (in the sense that professional education and practice were based on Galenism) served the needs of the urban poor. In this manner, the hospital was also a vehicle for the dissemination of the learned tradition of humoral pathology to popular culture,¹¹ which can be seen most clearly in the formulation of Arab folk medicine using the theory of the humours,¹² i.e. Prophetic medicine. The dialogue between patient and practitioner, especially for mental illness, could use a technical, somatic vocabulary.

From the tenth century, Islamic hospitals were frequently established in the major cities of the Middle East. In the West, we know that many hospitals were founded in North Africa and that at least one *māristān* was established in Granada in AD 1365–7 and probably provided for the insane. At the same time, in the central Middle East, the Turks carried on the earlier Islamic tradition of hospital construction. The Seljuk dynasty initially established a number of hospitals in Anatolia, beginning with

⁹ It is interesting to observe how the sufi lodge (*khānqa*, *zawīya* or *tekke*) took over many of the functions of the Christian monastery in the later Middle Ages. See, for example, Leiser and Dols, 'Evliyā Chelebi's Description of Medicine', *Sudhoffs Archiv*, 71 (1987), 206–7, and 72 (1988), 52.

¹⁰ See Gary Leiser, 'Medical Education in Islamic Lands from the Seventh to the Fourteenth Century', *Journal of the History of Medicine and Allied Sciences*, 38 (1983), 48–75.

¹¹ Cf. H. C. Erik Midelfort, 'Sin, Melancholy, Obsession: Insanity and Culture in 16th-Century Germany', in *Understanding Popular Culture: Europe from the Middle Ages to the Nineteenth Century*, ed. Steven L. Kaplan (Berlin, New York, and Amsterdam, 1984), 113–46.

¹² E.g. al-Jawziya, *at-Ṭibb an-nabawī*, see below; or Cyril Elgood, trans., 'Ṭibb-ul-Nābbī or Medicine of the Prophet: Being a translation of two works of the same name . . .', *Osiris*, 14 (1962), 33–192.

one in Kayseri (Caesarea) in AD 1205–6 that contained a section for the insane. Subsequently, the Ottoman sultans and their officials were generous patrons of hospitals and asylums, throughout the empire until its demise in the early twentieth century.¹³

The earliest evidence for the institutional care of the insane is the report that mentions the mentally disturbed patients in the hospital that was founded in al-Qatāʾī, which was in the south-western quarter of present-day Cairo, by Aḥmad ibn Ṭūlūn, the ʿAbbāsīd governor of Egypt, in AD 872–3. Although Christian welfare institutions existed in Egypt in the pre-Islamic period as in Iraq,¹⁴ Ibn Ṭūlūn's foundation may have been designed for the specific needs of the new Muslim population in his new provincial capital. The first notice of the Egyptian *māristān* is by al-Kindī, a contemporary historian.¹⁵ The later Egyptian historian al-Maqrīzī relates that Ibn Ṭūlūn took a keen interest in his hospital, generously endowing it and carefully stipulating its operation. Ibn Ṭūlūn came periodically to the hospital to inspect it and to see the patients, including the insane who were confined there. Al-Maqrīzī says:

Once he entered the hospital and stopped before one of the madmen who was shackled, and the madman shouted out to him: 'Oh Amir, hear my words: I am not mad as you think, for I only acted that way as a ruse. I have a strong desire in my heart for a large pomegranate.' So the governor ordered one for him immediately, and the man was delighted with it, tossing it in his hand and weighing it. Then, the madman, taking Ibn Ṭūlūn by surprise, threw the pomegranate at him. It splattered over his clothes, covering his entire chest. Thereupon, Ibn Ṭūlūn ordered them to guard the madman, and the governor did not return again after that incident to inspect the *māristān*.¹⁶

The vivid story of Ibn Ṭūlūn and the madman may be apocryphal, but it relied on the common knowledge that the violently insane were cared for in hospitals.

At-Ṭanūkhī (d. AD 994) affords us some insight into the sad, everyday reality of treating the insane as well as supplying reliable evidence of their hospitalization. He was told by a physician about a deranged man named al-Ḥasan ibn ʿAwn from a secretarial family, who was a patient in

¹³ See Terzioğlu, *Mittelalterliche islamische Krankenhäuser*, pp. 112–251; Ihsan Schükry and Farredin Kerim, 'Die Geschichte der Psychiatrie in der Türkei', *Allgemeine Zeitschrift für Psychiatrie und Psychischgerichtliche Medizin*, 84 (1926), 403–7.

¹⁴ See Ewa Wipszycka, *Les Ressources et les activités économiques des églises en Égypte du IV^e au VIII^e siècle* (Papyrologica Bruxellensia, 10 (Brussels, 1972), 109–19.

¹⁵ *The Governors and Judges of Egypt or Kitāb el 'Umarā' of el Kindī*, ed. Rhuvon Guest (E. J. W. Gibb Memorial Series, 19; Leiden–London, 1912), 216 f.

¹⁶ Al-Maqrīzī, *al-Mawāʿiz wa 'l-itibar fi dhikr al-khiṭaṭ wa 'l-athar* [*al-Khiṭaṭ*] ii (Bulaq, 1854), 405 f.

the hospital in Baṣra. The disturbed man was confined in the hospital for treatment in 34/953 and was apparently restrained at times. After a few years in the hospital, his health improved, and he was employed in the hospital until he was completely cured. The physician states that he used to go to the hospital to study medicine and often saw al-Ḥasan. When the doctor learned that the man composed poetry, he listened to him recite:

By patience and ruses my troubles I baulk,
 And keep my mind free from reflecting by talk.
 I hope for the morrow, but when it appears,
 My patience turns traitor with increase of fears.
 Anxiety quits not, nor terminates woe:
 Joy makes no appearance, tears cease not to flow.
 To God I complain of the pains I endure:
 He knows that myself I can compass no cure.

Al-Ḥasan was evidently suffering from depression and was perhaps a 'typical' melancholic. The point of the story is that he was an erudite man and was capable of composing artful poetry. The physician heard him recite his verses every day. One day, seeing rose-jam being made in the hospital, al-Ḥasan composed the following verses:

Behold the rose in their hands;
 Sending forth its fragrance to those who pluck its leaves;
 Like the heart burned by the fire of love
 Which loves while it burns.

The doctor brought him some food that the poet requested, and he wrote the following verse on the side of a wall, which may reflect his restrained condition:

You have brought the daintiest things which were asked
 of you, and I say: My lord and master,
 If a grateful person's limbs could utter his gratitude,
 my limbs would utter in your praise
 All that they could offer to every noble man. And O my
 morning like my evening,
 If one of my enemies had to bear what I have, I should
 weep over what I saw on my enemies.

At-Tanūkhī also reports the following verses of the madman:

What crime could brand with greater shame,
 Than treachery to friendship's claim?

Affection claims that friends condone
Each one the faults of every one.
Of fortune's evil eye the hurt
By disregarding we avert.

And the following:

Where are your tears, my eyes? Perchance
Fate has bewitched you with some glance.
It saddens me to shed no tear,
As before parting did its fear.¹⁷

The hospitals attracted the attention of outsiders for many reasons. The insane in these hospitals were perhaps a natural object of human curiosity, giving rise to accounts of the marvellous, bizarre, or outrageous. More important, the patients were probably visited by relatives, who were conscious of their strong responsibility toward the sick. In contrast to modern hospitals and the expectation that patients should be isolated, serious illness was the occasion for support and comfort to be given by the family, who should rally round the sick-bed. The medieval hospital personnel appear to have recognized this need and to have allowed family and friends to visit the seriously ill freely.

Medieval travellers often noted the provision for the insane in the hospitals. For example, Rabbi Benjamin (d. AD 1177), a Jew from Tudela, travelled through the Middle East during the years AD 1160 to 1173 and described a hospital built by the caliph in Baghdad:

He has erected buildings on the other side of the river, on the banks of an arm of the Euphrates, which runs on one side of the city. These buildings include many large houses, streets, and hostelries for the sick poor who resort hither in order to be cured. There are about sixty medical warehouses here, all well provided from the king's stores with spices and other necessities; and every patient who claims assistance is fed at the caliph's expense, until his cure is completed.

There is, moreover, a large building, called Dār al-Māristān, where they keep charge of the demented people who have become insane in the towns through the great heat in the summer, and they chain each of them in iron chains until their reason is restored to them in the wintertime. Whilst they abide there, they are provided with food from the house of the caliph, and when their reason is restored they are dismissed, and each one of them goes to his own house. Money is given to those that have stayed in the hospices on their return to their homes. Every month the officers of the caliph inquire and investigate whether they have

¹⁷ I have combined two accounts that appear to describe the same individual; the second was told to at-Tanūkhī by Abū l-Qasim al-Husayn ibn Muḥammad ibn Nabil. See at-Tanūkhī, *The Table-Talk of a Mesopotamian Judge*, Parts II and VIII, trans. David S. Margoliouth (Hyderabad, 1929-32), 110, 135.

regained their reason, in which case they are discharged. All this the caliph does out of charity to those that come to the city of Baghdad, whether they be sick or insane.¹⁸

Slightly later, in 578/1183, the Muslim traveller Ibn Jubayr described the Nāṣirī Hospital in Cairo in the following way:

A third [building] that adjoins [the other two buildings of the hospital] is a large place, having rooms with iron windows; it serves as a place of confinement for the insane. They also have persons who daily examine their condition and give them what is fitting for them. All these matters the sultan oversees, examining and questioning, and demanding the greatest care and attention to them. In Fuṣṭāṭ there is another hospital on precisely the same model.¹⁹

Two years later (580/1185), Ibn Jubayr visited Damascus and saw two hospitals, one old and the other new, that greatly impressed him. There also was 'a system of treatment for confined lunatics, and they are bound in chains'. He continues:

Some of [the inmates] let fall some pleasant witticisms according to what we would hear. One of the drollest I heard was of a man who had taught the Koran. The son of a notable in the town, a youth bearing some traits of beauty called Nasr Allah, was in the habit of reading it to him, and the man became infatuated with the youth. His passion increased until his brain became disordered and he was taken to the hospital, and his sickness and disgrace became notorious. His father used to visit him and once said to him, 'Go, and get back to the part of the Koran you were at,' and the man, jesting with the boldness of the possessed, replied, 'What part of it have I retained? Nothing of the Koran remains in my memory save "when there comes the Help of Allah" [Qur'ān 110: 1].' Men laughed at him and at what he said, and we beg God that he and all Muslims

¹⁸ I have relied on the translations in both *The Itinerary of Rabbi Benjamin of Tudela* (London, 1907), 37f. (1983 reprint, 98f.), and Jacob Seide, 'Medicine and Natural History in the Itinerary of Rabbi Benjamin of Tudela (1100–1177)', *BHM*, 28 (1954), 404. On the basis of the comparable supply of drugs at the Maṣūnī Hospital in Cairo, Jacob Seide is correct in translating *hanuyoth* as 'medical warehouses' rather than as 'shops' or 'physicians' stores' that is found in the earlier translation; the hospitals were dispensaries where drugs and food were distributed to the needy sick. The near-contemporary work by Moses Maimonides on *Poisons and Their Antidotes*, a first-aid manual, helps to clarify this issue. Maimonides praises al-Fāḍil, the powerful adviser of Saladin, for his concern for public welfare by ordering the Egyptian physicians to store up supplies of the most desirable theriac, *tiryāq al-fārūq* (see below), and mithridate. The local preparation of these two theriacs is alleged by Maimonides to be exceedingly difficult because the requisite herbs were unobtainable in the city. Maimonides states that 'the two remedies are no longer available in most of the state pharmacies, not to mention public markets or private stores' (*Treatise on Poisons and Their Antidotes*, ed. Süssman Muntner (Philadelphia–Montreal, 1966), 2f.). With the exclusion of the last two sources of drugs, the hospitals were important for the manufacture and dispensing of valuable medicaments.

¹⁹ *The Travels of Ibn Jubayr*, trans. R. J. C. Broadhurst (London, 1952), 44.

might be forgiven. He remained in this state until he died; may God grant him His forbearance.²⁰

Also in Syria, a new hospital was founded in Aleppo in 755/1354 by the order of the Mamlūk sultan an-Nāṣir; his governor Arghūn al-Kamīlī carefully supervised the foundation, in which there were two courts, presumably for the male and female insane. Along the walls of these courts and around the pools, flowers were planted to cheer the deranged, and it was here that music was played for their benefit.²¹

Among the hospitals that appeared throughout the Islamic world, perhaps the most famous one was that created in Cairo by the Egyptian sultan al-Manṣūr Qalā'ūn in 683/1284. It was a richly endowed monumental structure that attracted the interest of foreign visitors to Cairo until the nineteenth century.²² The hospital, in the centre of Cairo, was formerly a Fāṭimid palace, which helps to explain its plan and ornate decoration; it formed, moreover, part of a complex that included the mausoleum of the sultan, a mosque, a madrasa, and baths.²³ The Egyptian historian al-Maqrīzī, who wrote in the early fifteenth century, gives a full description of the Bīmristān al-Manṣūrī, sometimes called the Bīmāristān of Qalā'ūn or simply Dār ash-Shifā', house of healing. Al-Maqrīzī says that the reason for the sultan's foundation was that in 675/1276, when he was a prince fighting the Byzantines, a severe colic attacked him in Damascus, and the doctors treated him with medicines brought from the Nūr ad-Dīn Hospital. Al-Manṣūr recovered and went to inspect the hospital; he admired it and vowed that, if God made him king, he would build such a hospital. Soon after he became sultan of

²⁰ Ibid. 296.

²¹ Ahmed Issa, *Histoire des bimaristans (hôpitaux) à l'époque islamique* (Cairo, 1928), 207; Anwar Dwedary [Dawīdārī], 'Al-Bīmāristānāt fī Ḥalab', *Adīyat Halab*, 1 (University of Aleppo, 1975), 129–45; English abs., pp. 28–30.

²² At the time of the French expedition to Egypt in the late 18th cent., the hospital was completely dilapidated. The French military doctor-in-chief Desgenettes was ordered to visit the hospital in 1798 and to suggest improvements. He found twenty-seven sick patients and fourteen insane. For the latter, there were two separate sections for males and females with eighteen cells for each; at this time, seven men and seven women were incarcerated there. On this report, see J. J. Marcel, trans., 'Précis historique et descriptif sur le Mōristan ou le grand hôpital des fous au Kaire, et sur le fondateur de cet établissement', in *Contes du Cheykh el-Mohdy*, ii (Paris, 1835), 151–6. When Jomard visited the hospital in the early 19th cent., there were ten males confined in barred cells with chains around their necks. Among them were two *Barābrab*, that is, a very cheerful young man who had been locked up for three years and a slave of Alfi Bey, locked up for four months; a sharif who was manic every month; and another having his wife with him. (*Description de l'Égypte: État moderne*, ii: 2 (Paris, 1822), 674–5.) See also Edward Lane, *Cairo Fifty Years Ago*, ed. Stanley Lane-Poole (London, 1896), 92 ff.; F. M. Sandwith, 'The Cairo Lunatic Asylum 1888', *Journal of Mental Science*, 34 (1889), 473–90.

²³ See Issa, *Histoire des bimaristans*, 40–76.

Egypt in 678/1279, and he began construction of his hospital. After giving an account of the site and the rapid rebuilding of the structure, al-Maqrīzī says:

When the building was finished, al-Mālik al-Manṣūr endowed it with the revenue from several properties in Cairo and other places that amounted to about a million dirhams a year. He fixed the expenditures for the hospital, the mausoleum, the madrasa, and the orphanage. Then he demanded a cup containing a [medicinal] drink from the hospital, and he drank it, saying: 'I constitute this as an endowment [*waqf*] for my equals and those below me, for the king and the mamlūk, the soldier and the prince, the great and the small, the free and the slave, and for male and female.' Afterward, the sultan secured the drugs, doctors, and everything that was necessary for the sick in the hospital. He appointed in it attendants of both sexes to serve the sick, male and female, and established their fees, and he set up beds with mattresses and everything that was needed by the sick. He set apart a special place for each kind of illness. Thus, the four alcoves [*ḥwāns*] of the hospital were designated for those with fevers and similar illnesses. He assigned a hall [*qā'a*] for the oculist, a hall for the surgeon, a hall for those with diarrhoea, a hall for women, and a place for those who had a cold temperament [*mabrūdīn*, i.e. the insane], who were divided into two sections, one for men and the other for women.²⁴ He had flowing water installed in all parts of the hospital, and places were designated for the kitchen, medications, potions, and for preparing electuaries, collyria, eye powders, and similar things as well as places for storing these products and for distributing the drugs and drinks. He also made a place in the hospital for the head of the physicians [*ra'īs al-aṭibbā'*] for the reading of the medical texts. The number of admissions to the hospital was not fixed; all had access to it, without distinction between rich and poor. Besides, the duration of treatment was not limited, and the sick received even at home the medications that they needed.²⁵

Evliyā Chelebi, the famous Turkish traveller, took special interest in the hospitals of Cairo when he visited the city in the second half of the seventeenth century.²⁶ He noted that there had been hospitals that cared for the insane in earlier times and that their ruins were still standing; they were abandoned, he alleges, because the government had confiscated their endowments. At the time of his visit there were only four hospitals in the city. It is interesting to note that three of these facilities had actually been taken over and were being run by sufi confraternities. The care of the insane in sufi *tekkes*, or lodges, was a familiar feature in

²⁴ Cf. *ibid.* 41.

²⁵ Al-Maqrīzī, *al-Khitāt*, ii. 406–7. On the architecture of Islamic hospitals, see Dieter Jetter, 'Zur Architektur islamischer Krankenhäuser', 261–73.

²⁶ See Leiser and Dols, 'Evliyā Chelebi's Description of Medicine', *Sudhoffs Archiv*, 71 (1987), 197–216; 72 (1988), 49–68.

Evliyâ's homeland. Apparently, the mentally disturbed were cared for in these lodges and were treated by physicians and perhaps by the shaykhs. The religious treatment appears to have survived in Anatolia from Seljuk times until the present day.²⁷

The fourth *bīmāristān* was the famous Manşūrī Hospital, and Evliyâ gives a description of the institution. The complex had always included the mosque and mausoleum of Sultan Qalā'un, and he remarks on the soup-kitchen that was attached to the mosque for the feeding of the poor, which was a significant feature of Ottoman public charity.²⁸ The hospital was magnificent and well designed, according to this observer. Allowing for Evliyâ's customary exaggeration, his account of the hospital appears basically reliable:

It has no equal in Anatolia or among the Arabs and Persians. The physicians who are intelligent men treat [the ill there]. There is a magnificent pool in the middle of a great court, which is paved with polished and burnished marble for 150 paces in both length and breadth. It has water jets [that shoot] the height of two men. Next to this pool is a place for prayer. A dome with an ornamented ceiling rests on twelve pillars over this splendid pool. At each of the four sides of this court is a great hall, each of which can accommodate 1,000 people. On two sides are raised halls. Ornamented ceilings rest on stone arches. The floors of these halls are completely covered with different kinds of alabaster. It is as if they were designed by Erjenk.²⁹ At the end of each of the two halls is a wall fountain the height of a man. [The water] flows like a stream through the middle of these halls and comes to the pool in the middle of the court. [See the plan of this structure, Plate 1.]

Four more halls were built with this arrangement. In them are the beds of those afflicted with illness. The sick wear bedclothes and have silk sheets. Some of those who are ill relax next to the flowing ornamental fountains when they are close to recovering their health. The servants look after them with great care. Some of our insane brothers are in gloomy cells while others are in open rooms. In the rooms with the pool and wall fountains, the insane are bound like lions with chains around their necks. Although some of the insane people roar like

²⁷ See A. Süheyl Ünver, *Türkiye'de Psikiyatri Tarihi Üzerine* (Istanbul, 1960), 1200; idem, 'Türkiye'de Eski Ruh Sağlığı Tarihi üzerine bir Deneme, Onacak Akıl Sağlığı Yurdu', in *Über die Geschichte der Psychiatrie in der Türkei* (Istanbul, 1965), 3911-14; idem, 'Essai sur l'histoire de la santé mentale au cours des siècles en Turquie', *Pagine di Storia della Medicina*, 10: 5 (1966), 3-12, primarily on the tekke at Onacak. See the discussion of the treatment in the Turkish tekkes below.

²⁸ For the Ottoman soup-kitchen, see *EI*1, s.v. 'Imāret' (Cl. Huart); *SEI*, s.v. 'Masdjid' (J. Pedersen), 342; Eliyahu Ashtor, *A Social and Economic History of the Near East in the Middle Ages* (London, 1976), 232 f.

²⁹ 'Name of the study and of the collected paintings of Mani, the celebrated Persian painter of antiquity' (Redhouse, *Lexicon*, p. 63). Mani (d. AD 274) was the founder of the Manichaean religion. He was renowned as a painter of exceptional skill who used paintings to propagate his faith. e.g. see Basil Gray, *Persian Painting* (Geneva, 1977), 14.

thunder, others remain tranquil; for all the people are melancholic because of the dry climate of Egypt. After a time most of the people [seem to] become bewitched and deluded. The local people immediately present such a person to the governor, who issues an order placing him in the hospital [*bimarhane*] where they attend to his illness. They cannot place him in the hospital without this order because of the daily cost of one piaster. During our time, there were 306 ill and insane people in the Hospital of Qalā'ūn.

When food is provided from the soup-kitchen, twelve doctors and their students give electuaries and medications as well as food to each person, according to his condition. The physicians have fearless attendants with the temperament of executioners. [The attendants] beat some of the insane brothers with cherry switches, and [the disturbed] come to their senses. If someone who has been bedridden for three years and is insane comes to this place, by order of God, he gets well in forty days. The color of his face turns rose-red. The physicians in this place of healing are like Hippocrates, Socrates, Plato, Pythagoras, Terhidī, and Abū 'Alī ibn Sinā. Each one, like Christ, could bring the dead back to life. . . .

In the Hospital of Qalā'n, the doctors check the pulse of a sick person and treat him according to his temperament. And, by order of God, he is cured. Various plants and animals that may not [even] exist in India are brought to Cairo from the Mountains of the Moon,³⁰ Funjistan,³¹ Abyssinia, the Oases [of Egypt] and Upper Egypt; they are all in the first clime.³² The physicians use these medicinal products to treat the ill, and they are cured. Thus, the Hospital of Qalā'ūn in Egypt is famous among the Arabs and Persians and [among the people] in Anatolia. On one side of this hospital is a section for women. It is also a magnificent, sumptuous building. Moreover, all the servants [in it] are also women, but the [male] physicians are allowed inside.³³ [The physicians] enter [this building] fearlessly and without scruple and give medication according to the different illnesses. In my opinion, however, some of the ill and insane women give birth in this hospital. Strange to say that even in the time of Ibrahim Pasha³⁴ a boy was born there, and they named him *shifayī*.³⁵ In short, we have not seen such a magnificent building for a hospital in all the countries to which we have traveled.³⁶

³⁰ The Ruwenzori mountain range on the Uganda-Zaire border.

³¹ Land of the Funj centred along the Blue Nile in the Sudan; see *EI2*, s.v., 'Fundj' (P. M. Holt).

³² The inhabited world was believed to be divided into seven latitudinal climes, beginning at the Equator, according to the Greek tradition of geography. See *MIM*, 81, and *EI2*, s.v. 'Iklim' (A. Miquel).

³³ Evliyâ actually says that the doctors were regarded as *mahrem*. This is a legal term meaning a near relative, a non-marriageable person; see Joseph Schacht, *An Introduction to Islamic Law* (Oxford, 1964), 162. In other words, the doctors were considered to be close members of the families of the ill. Therefore, they could treat the female patients without fear of moral impropriety.

³⁴ Governor of Egypt from 1080/1669 to 1084/1673.

³⁵ This name is, of course, a pun on *darūshshifa*, or hospital, and means 'belonging to the hospital'.

³⁶ Leiser and Dols, 'Evliyâ Chelebi's Description of Medicine', 72, pp. 52-5 (with

The account of Evliyâ is important for a number of reasons, aside from giving us a relatively full description of the operations of a late-medieval Islamic hospital. He remarks on the necessity of receiving a government order for a lunatic to be admitted into the hospital because of the cost of maintenance. Evliyâ's account would seem to suggest that the Manşûrî Hospital was able to survive into the early modern period as a major medical facility and that medical services were available to the poor. Furthermore, his description indicates the mixture of the sane and insane. Some of the insane were confined to 'gloomy cells', but others were allowed to move about the hospital; presumably, the violent and excited were restrained, either in cells or in the open with chains, while the subdued were permitted to move about. Evliyâ's reference to the dry temperament of Egypt clearly refers to the Galenic belief in humoral qualities that were believed to characterize countries as well as human beings. This ecological factor in medicine goes back to Hippocrates and was a common feature of medieval medicine. For example, Ibn Riḍwān in the eleventh century had written a famous treatise on medicine in Egypt, which largely turned on this issue of adapting the individual's temperament to that of his environment.³⁷ The dry temperament of Egypt was considered to be conducive to insanity because it was the quality shared by both black bile and yellow bile, the familiar causes of madness.

The hospital doctors prescribed suitable treatments for the sick. A major aspect of this hospital and others seems to have been the dispensing of simple and compound drugs for the patients of the hospital or for the general public; the cost of these medicinals was often subsidized by the government or they were free to the poor. Moreover, the hospital was a centre for the manufacture of exotic, expensive, and complex compounds. At least this was the case with the Manşûrî Hospital, and Evliyâ devotes practically the rest of his chapter on medicine in Cairo to the making of *tiryāq al-fārūq* or the 'theriac of the Saviour', a highly prized remedy that was believed to cure almost any ailment.³⁸ The mention of students would naturally suggest the apprenticeship of medical students in the hospital; the servants were virtually male nurses and are conspicuous in their rough handling of the insane. Evliyâ's comment about their beating the patients seems to be based on the common belief, which Ibn Sīnā and others expressed, that

emendations). For hospitals with special regard to the care of the insane, see Terzioğlu, *Mittelalterliche islamische Krankenhäuser*, 159–251.

³⁷ See *MIM*.

³⁸ Leiser and Dols, 'Evliyâ Chelebi's Description of Medicine', 209.

one could literally beat sense into the violently insane. Nevertheless, Evliyâ had a high regard for the hospital's ability to heal the sick, even the insane. Despite his lubricious story, he also mentions the section of the hospital for women, including their female attendants, the access of the male doctors to the female patients, and the existence of insane women.

Evliyâ is also informative about the hospitals in the imperial capital, Istanbul, where hospitals frequently formed a part of the complexes attached to the major mosques. He tells us that the *tîmârkhāneh* or hospital of Muḥammad II (d. AD 1481), the Conqueror, contained seventy rooms with 200 servants, a head physician, and a surgeon. Apparently, the hospital was also a hospice because Evliyâ says that all travellers were received there and were supplied with food twice a day, which included even pheasant, or were fed by the soup-kitchens. Musicians and singers were employed to amuse the sick, especially to cure the insane patients. The hospital of Sultan Aḥmad (d. AD 1617) was chiefly devoted to the care of the insane because of the purity of its air, which was considered to be salutary. 'The attendants are remarkable for their patience and good-nature, the reason of which is, that they are under the immediate inspection of the Kizlar-âghâsî, who himself attends to inquire into the state of the sick.'³⁹

Furthermore, Evliyâ mentions the 'keepers at the hospitals for the insane' in his description of the numerous guilds and professions that made up the royal procession in Istanbul in AD 1670. Guilds were not a characteristic feature of medieval Middle Eastern cities. From the late fifteenth century, however, they developed throughout the Ottoman Empire, so that in Evliyâ's time, entire urban populations were organized into guilds, with the exceptions of the army, the bureaucracy, and the '*ulamâ*' (men learned in Islamic legal and religious studies).⁴⁰ In Evliyâ's description of the imperial procession, the wardens of the insane followed the entourage of the chief physician, the various medical specialists, and the merchants of medicinals. Evliyâ tells us:

Two hundred keepers of bedlams (*tîmârkhāneh*) of Constantinople, at the public procession, lead from two to three hundred madmen in golden and silver chains. Some of the keepers carry bottles in their hands from which they give medicines to the madmen, while others beat or box the fools to keep them in order. Some of them are naked, some cry, some laugh, some swear and some

³⁹ Evliyâ Efendî, *Narrative of Travels in Europe, Asia, and Africa*, trans. Joseph von Hammer (2 vols.; London, 1834; 1968 repr.), i. 174-5.

⁴⁰ Gabriel Baer, 'The Structure of Turkish Guilds and its Significance for Ottoman Social History', *Israel Academy of Sciences and Humanities, Proceedings*, 4: 10 (Jerusalem, 1970), 176.

attack their keepers, which puts the spectators to flight. If I were to describe all the fits of the madmen and fools on such a day of public procession, I should fill a book.⁴¹

They were followed by the attendants of the ordinary hospitals; there were 700 servants employed in the five great hospitals of the capital. As they passed the crowds, the attendants administered medicines to the sick who were carried on litters.

An unusually reliable account of the institutional care of the insane is furnished by al-Ḥasan ibn Muḥammad al-Wazzān, better known as Leo Africanus (AD 1465–c.1550), because he was a secretary in the hospital in Fez. Leo Africanus' family had fled Granada when it fell to the Christians at the end of the fifteenth century, and they had taken refuge in Fez. Leo Africanus received a good education in the Moroccan capital, and as a student, he was employed for two years in the hospital. Later, he became a government official and went on a number of missions for the Moroccan sultan. On his return to Morocco by sea in AD 1517, he was captured at Jerba by Sicilian corsairs; he was taken to Rome, where he was presented to Pope Leo X. The pope converted him to Christianity (AD 1520) and gave him his own name, Johannis Leo de Medicis. Leo learned Italian and taught Arabic at Bologna. Aside from writing the *Descrittione dell'Africa*, which was completed in AD 1526, he composed an Arabic–Hebrew–Latin vocabulary for the physician Jacob ben Simon. Leo appears to have taken a keen interest in medical matters, which are frequently mentioned in this description of North Africa.

Leo Africanus says about the hospital in Fez that the insane were bound in strong iron chains. The walls of their rooms were strengthened with heavy beams of wood and iron. The person who was in charge of feeding them constantly carried a whip, and when he saw an agitated patient, he administered a good thrashing. Sometimes strangers approached these chambers. The insane called out to them, and complained about their unjust detainment and cruel treatment by the officers although they claimed that they were cured of their insanity. Having persuaded the passer-by to come closer, the inmates would greatly abuse them:

And hauing thus perswaded the commers-by, approching neerer and neerer unto them, at length they take hold with one hand on their garments, and (like villans) with the other hand they shamefully defile their faces and apparell with dung. And though all of them haue their priuies and close stooles, yet would they be poysoned in their owne filth, if the seruants did not often wash their lodgings: so that their abhominable and continuall stinke is the cause why

⁴¹ Evliyâ Efendi, *Narrative of Travels*, 118–19.

citizens neuer visit them. Likewise this hospitall hath many roomes for the purueiors, notaries, cookes, and other officers belonging to the sicke persons; who each of them haue some small yeerely stipend. Being a young man I my selfe was notarie heere for two yeeres, which office is woorth three duckats a moneth.⁴²

What, then, can be said about the actual treatment of the insane? Most conspicuous in the historical accounts, as in that of Ibn Jubayr, Evliyâ Chelebi, or Leo Africanus, is the frequent mention of the various forms of restraint that were placed on the insane, which suggests that those who were hospitalized were generally seriously disturbed individuals who were probably harmful to themselves or to others. Of course, physical restraint of the unpredictable madman was also employed in the home.⁴³ The question of when shackles should be used on the insane is the point of an anecdote that was told about the caliph Mutawakkil, who reigned from AD 847 to 861, and his physician Bukhtîshū' ibn Jibrayl (d. AD 870).⁴⁴ One day Bukhtîshū' sat beside the caliph, wearing a robe of Greek atlas (a silk satin manufactured in the East). The caliph noticed that the robe was slightly torn. While he engaged the doctor in conversation, Mutawakkil made the tear bigger until it reached the doctor's sleeve. They were talking about madmen, and the caliph asked, 'When do you admit that a madman needs chains?' The physician answered: 'When the madman tears the garment of his doctor to the sleeve, then we know that he needs chains.'⁴⁵

Despite the unpleasantness of the hospital conditions described by Leo Africanus, the quarters for the insane were accessible to visitors, and the conditions of the insane appear to have been accepted matter-of-factly. These circumstances do not appear to reflect medieval bedlams offering public entertainment. The sources only mention the visits of men to male patients, and there is no evidence of a prurient interest.⁴⁶ The Islamic hospital in general does not fit Michel Foucault's popular

⁴² Leo Africanus, *The History and Description of Africa*, trans. Robert Brown (The Hakluyt Society, 3 vols.; London, 1896), ii. 425 f. = *Description de l'Afrique*, ed. and trans. A. Épaulard (2 vols.; Paris, 1956), i. 186. See Amin Maalouf's interesting retelling of Leo Africanus' hospital experience in the form of a fictional autobiography: *Léon l'Africain* (Paris, 1986), 185–90 (Maalouf's treatment of leprosy in the autobiography is also noteworthy).

⁴³ Katchadourian and Sutherland pointed out ('Affective Psychoses in Lebanon', pp. 165–6) the high rate of manic reactions in Lebanese cities in 1964, and the relative preponderance of mania among Muslim males; one may naturally question the methods that were employed in this survey and the relevance of this data to the medieval period.

⁴⁴ *EI*2, s.v. 'Bukhtîshū' (D. Sourdel).

⁴⁵ A. S. Tritton, *The Caliphs and their Non-Muslim Subjects* (London, 1970 repr.), 159.

⁴⁶ The only exception is a homo-erotic element in the account of a mad youth who was visited by a group of men in a hospital in Baghdad; see Ibn al-Jawzī, *Ṣīfat*, ii. 191–3.

interpretation of the function of the hospital movement in seventeenth- and eighteenth-century Europe as the 'great confinement' of the socially undesirable.⁴⁷ The Islamic hospital was certainly not intended for the indiscriminate incarceration of the disadvantaged poor, as in pre-revolutionary France. Some patients were neither poor nor disreputable, and the supervision of admissions to a hospital by the local judge in the later Middle Ages would suggest discrimination in the provision of communal welfare. Nor was the confinement great. It is impossible to estimate precisely the numbers of insane patients in the hospitals, but even the greatest institutions, such as the Maṣṣūrī Hospital in Cairo, probably contained only a few dozen insane patients at one time—a very small number in relation to the entire population of Cairo.

The insane wards were still a source of guarded fascination, and the hospital was usually not an isolated institution. On the contrary, the medieval hospital was placed in the centre of the city and accessible to most people. The hospital provided in-patient and out-patient services (to the sane), it often offered instruction to medical students, and it manufactured and dispensed drugs and medications to all. Family and friends naturally visited the hospital patients, including the insane. Evliyâ Chelebi mentions that in the seventeenth century the people of Edirne went to see the senseless in their local hospital because it was beneficial for the inmates. As we shall see, the insane in the hospitals attracted the special attention of mystics, poets, and intellectuals, but the lunatics also excited the interest of laymen, including sultans, travellers, and raconteurs. In view of the influx of patients, students, and visitors to a hospital, it is not surprising that the presence of the insane and their wards was quite well known, and that they were often described in secular literature.⁴⁸

⁴⁷ Michel Foucault, *Madness and Civilization*, trans. Richard Howard (New York, 1973). See the following critiques: H. C. Erik Midelfort, 'Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault', *After the Reformation: Essays in Honor of J. H. Hexter*, ed. Barbara C. Malament (Philadelphia, 1980), 247–65; Sedgwick, 'Michel Foucault: The Anti-History of Psychiatry', 235–48; and Roy Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London, 1987), 5 *et passim*, which ignores the leprosy aspect of early modern madhouses.

⁴⁸ e.g. the Tale of the Sleeper Wakened and the Three Madmen's Tale in *The Thousand and One Nights*, trans. Powys Mathers (4 vols.; London, 1986 repr.), iii. 248–50 and iv. 56–82, respectively. The latter tale is introduced by the wazir of Sultan Mahmūd when the sultan was heavily depressed: "What do you say to a visit to the māristān, my lord? We have often spoken of exploring a house of fools together, but we have never done so yet. To my way of thinking, the mad have a more subtle understanding than the sane. They behold differences and affinities which are hidden from common men, and are often visited by strange visions." "Allāh lives," cried the Sultan, "let us visit the māristān at once!" (Ibid. 55.)

One feature of the apparently unique artistic representation of the insane in an Islamic hospital (see Plate 2) is the portrayal of three young men looking through a window at the inmates. Two of the observers make the traditional iconic gesture of astonishment in Islamic art, placing the index finger (*sabbāba*) of the right hand to one's mouth, as is frequently seen in the paintings of episodes in the stories of Majnūn-Laylā and Zulaykhā-Joseph. This common gesture may have been apotropaic in early Islamic society, serving as a magical defence against evil when it was apprehended.⁴⁹ On the left side of the miniature, a bearded Muslim figure and a young man stand at the entrance of the chamber and also observe the mayhem. The two may simply be visitors, but it is more likely that the bearded man with the staff is the warden of the insane or an administrator of the hospital.⁵⁰

This remarkable miniature is part of the album (*muraqqa'*) of the Ottoman sultan Ahmed I (AD 1603–17), and it contains other unsigned scenes of everyday life in Istanbul, such as the communal baths, the police surprising an amorous couple, and a banquet, whose realism is a distinctive feature of the Ottoman school of painting.⁵¹ The scene inside the hospital is quite vivid, showing clearly the chains around the necks of the three violent madmen and the stocks for their restraint. The near-naked appearance of the two of the madmen, especially the exposure of their genitalia, would be quite shocking to Muslim sensibilities—their nudity is a clear sign of their insanity—and there is little doubt about their being Muslims. The peculiarity of the third lunatic is indicated by his grotesque face that resembles the portraits of jinn and divs in Islamic painting.⁵² The madmen appear to be tormenting a Jewish doctor and his assistant while another Jewish doctor is fleeing the scene.⁵³ The first

⁴⁹ See Ignaz Goldziher, 'Zauberelemente im islamischen Gebet', in *Orientalische Studien: Theodor Noldeke zum siebzigsten Geburtstag gewidmet*, ed. Carl Bezold, i (Gieszen, 1906), 320–1. Goldziher emphasizes the use of the index finger of the right hand in relation to the Muslim confession of faith and prayer; specifically the gesture to the mouth may be related more directly to stopping the escape of one's ethereal *nafs*, which can mean 'breath' (with all its magical implications) as well as 'soul, psyche, spirit, or mind'.

⁵⁰ For representations of asylum interiors in art, see J. E. Kromm, 'Goya and the Asylum at Saragossa', *Social History of Medicine*, 1 (1988), 79–89, although Kromm is obviously mistaken about the 'first' such portrayals.

⁵¹ Ahmet Süheyl Ünver, 'L'Album d'Ahmed I^{er}', *Annali dell'Istituto Universitario Orientale di Napoli*, NS 13 (1963), 137–8, 161–2. *Contra* the author (p. 138), it seems much more likely that the miniatures were impaired by the marionette shows than vice versa.

⁵² e.g. see 'Rustam Killing the White Demon', *Shahnama* of Firdawsi, late 16th cent., as reproduced in N. H. Titley, *Persian Miniature Painting* (Austin, Tex., 1984), Fig. 42.

⁵³ I am grateful to Dr Michael Rogers for pointing out to me the strong similarity between the central bearded figure in a dark caftan and hat and the illustration of 'A Jew at Constantinople' in a costume album with a commentary by Peter Mundy (datable pre-1618): OA, 1974 6–17 013, British Museum, Department of Oriental Antiquities, p. 58.

doctor is being threatened with a knife, and the attendant is caught in the stocks by an inmate who appears to have freed himself.

This animated caricature of the insane in the hospital is probably related to the comic presentation of such genre scenes in puppet theatre or in shadow-plays, especially the complicated adventures of Qaragöz (Turkish: 'black eye'), the principal character, who by improvisation always saves himself from disaster. One of his plays is entitled *The Madhouse* or *The Lunatic Asylum*.⁵⁴ In this senario Qaragöz has associated too much with madmen who have escaped from the asylum, so that he himself shows signs of insanity. His companion Hacivat puts him into the hospital and chains him up; people make fun of him and a foreign doctor, usually a Greek or Italian, administers absurd drugs to cure him. Hacivat eventually rescues him from the madhouse. *The Madhouse* obviously makes fun, on the one hand, of the insane who are free but should be institutionalized and, on the other hand, of the asylums. The foreign doctor is also the object of derision; he is not much saner than most of his patients.⁵⁵

The mentally afflicted in the hospitals were not, therefore, unknown and cut off from the rest of society, and there was genuine concern for the souls of the deranged. Benoît de Maillet, a seventeenth-century Frenchman, tells us that, although most of the attractive features of the Manşūrī Hospital had disappeared in his time, there still existed the custom of announcing the first prayer of the day two hours earlier than in the other mosques of the city for the benefit of the insomniacs.⁵⁶ Another Frenchman, Jean de Thévenot, visited Cairo in the mid-seventeenth century and observed the sad attentiveness to religious obligations at the Manşūrī Hospital:

⁵⁴ *El2*, s.v. 'Qaragöz' (P. N. Boratav); see also Josef Horovitz, *Spuren griechischer Mimen im Orient* (Berlin, 1905), 29 *et passim*.

⁵⁵ Metin And, *A History of Theatre and Popular Entertainment in Turkey* (Ankara, 1963-4), 50; idem, *Karagöz: Turkish Shadow Theatre* (Istanbul, 1977), 76, 79; see also p. 80, that shows a theatre-set depicting a lunatic asylum, consisting of three domed cells with chains and, apparently, grilled doorways. Another common plot was *The Sorcerer* (*Büyücü Hoca*). A stock character in Turkish theatre was the village idiot who was recognizable by his speech impediment and the fact that he asked 'the same questions over and over again until people became bored of listening to him. He always arrived at the wrong time and was extremely difficult to get rid of. In Orta Oyunu, he is called *denyo* and wears motley colours, a pair of linen drawers cut very wide and drawn close round the waist by a draw-string, he draws a toy carriage and holds in one hand a Karagöz figure and the other hand a Hacivat, his worn out, shapeless fez covers half of his ears. His shoes are ill assorted. Sometimes he is a dwarf or sometimes a hunchback . . . He often does odd jobs around the neighbourhood and is somewhat spoiled by the pity of the locals. Karagöz on many occasions has to beat him in order to get rid of him' (And, *A History*, 46).

⁵⁶ Benoît de Maillet, *Description de l'Égypte*, ed. Le Mascrier (2 vols.; Paris, 1736), i. 204.

The Hospital and Mosque of Mad People is very near Han Khalil; [the insane] are chained with heavy iron chains, and [they] are led to the Mosque at prayer time. . . . The Hospital is called *Morestan*, and it serves also the sick Poor, who are well entertained and look'd after in it.⁵⁷

What was the medical treatment in the hospitals? Again, the most dramatic 'treatment' of the insane attracted the greatest attention: the beating of the deranged. Yet, it should not be forgotten that in the medieval period ordinary care of the sick was more important than any reputed 'cure'. If we can rely on the medieval medical texts as a general guide, the doctors probably paid close attention to the patient's regimen. As we have seen, recommended treatment for the mentally disturbed usually included baths, fomentations (particularly to the head), compresses, bandaging, and massage with various oils. Blood-letting, cupping, and cautery were also widely used. In sixteenth-century Cairo Prosper Alpin noted the very common use of bleeding for head ailments, especially bleeding and cupping for the insane, as well as cauterization of the head.⁵⁸ Alpin says that the Egyptians, after having bled the entire body from the veins in the elbow, use cupping very frequently for the pains and inflammations of the head, especially in case of frenzy, madness, the malady known as *dem el muja* that is probably acute meningitis, and inflammations of the eyes and ears. They, then, apply a cupping-glass, or one made of horn, to the occiput and two around the ears or on the neck. According to Alpin, they make two or three, at most five, deep cuts in the skin for each cupping; then, taking into their mouths the hollow beak of the cupping instrument, the doctors inhale strongly and draw out the quality of blood that they desire.⁵⁹ Cautery and various types of branding⁶⁰ were probably not unrelated to the belief that the jinn were terrified of iron.

In the late nineteenth century, the British witnessed the traditional methods of treating the insane in Egypt. According to an inspection of an asylum in 1878 by William Tuke, a descendant of the famous Tuke who had established the York Retreat, the usual therapy was bleeding, especially for those who were violently agitated, and opium was used as a sedative for the religiously excited.⁶¹ After the British had gained control of the only insane asylum at 'Abbasiya, outside of Cairo, the director,

⁵⁷ *The Travels of Monsieur de Thévenot into the Levant* (London, 1687), part 1, p. 143.

⁵⁸ Prosper Alpin, *La Médecine des Égyptiens*, i. 95; ii. 211. See also Ghada Karmi, 'The Colonisation of Traditional Arabic medicine', in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (Cambridge, 1985), 320-2.

⁵⁹ Alpin, *La Médecine des Égyptiens*, i. 142.

⁶⁰ e.g. Winifred S. Blackman, *The Fellahin of Upper Egypt* (London, 1927), 211.

⁶¹ Mayers, 'A Century of Psychiatry', 55.

John Warnock, remarked in his report of 1896 about native practices because he believed that they were injurious to the patients and to public health and safety; he also indicates the recourse to other forms of healing before the insane were subjected to 'modern' medicine.

A large number of patients are admitted with broad scars over vortex, temple and occiput, due to cauterization when in their homes. Some are seriously injured and disfigured by this barbarous practice and may show scars on their wrists and ankles where they have been tied for the operation. It seems to be the custom to send lunatics to visit the mosque of certain saints, especially at Tanta, hence their arrival here is delayed and it is often difficult to learn their real residence. Another result of these pilgrimages is that en route they commit offences which are often serious and which might have been prevented by their earlier removal to the asylum.⁶²

Medication with both simple and compound drugs, usually of vegetable origin, was probably given to the mentally ill in the medieval hospital in every possible form. The medieval textbook writers give numerous and complex prescriptions.⁶³ There were numerous suppressants and sedatives as well as stimulants. A familiar term for an antidepressant in the medieval period was *mufarriḥ an-nafs*, 'gladdening of the spirit', which was expected to relieve one's sadness. According to Ibn Abī Uṣaybi'a's account, at-Tamīmī, a tenth-century doctor had concocted a drug called the 'key to joy from every sorrow and the gladdening of the spirit' (*miṣṭāḥ as-surūr min kull al-humūm wa mufarriḥ an-nafs*); the production of such drugs had a long tradition since antiquity. Incidentally, because one of the ingredients was crushed rubies, *mufarriḥ* was a common convention of oriental love poetry—the lovesick hoped for the healing of his passion by the ruby lips of his beloved. Reportedly, *mufarriḥāt* can still be bought from druggists in the Islamic world.⁶⁴ In a book of this title by Muẓaffar ibn Qāḍī Ba'albakk, the prescriptions are arranged according to the different temperaments of men and also according to the three classes of society—the kings and princes, the middle class, and the poor—because of the costs of the various ingredients, which for the rich often included precious gems and metals. Thus, for each class there were three recipes for each of the three kinds of stimulants—warm, cold, and calibrated—together there are

⁶² Ibid. 99.

⁶³ For a general description of relevant materia medica, see 'Imrān, pp. 109b–120a.

⁶⁴ Bürgel, 'Psychosomatic Methods', 163; idem, 'Der Mufarriḥ an-nafs des Ibn Qāḍī Ba'albakk, ein Lehrbuch der Psychohygiene aus dem 7. Jahrhundert der Hijra', in *Proceedings of the Sixth Congress of Arabic and Islamic Studies* (1972) (Leiden, 1975), 204.

twenty-seven prescriptions.⁶⁵ The medications also included strong purgatives,⁶⁶ emetics, digestives, and sedatives, especially opium. As would be expected, theriac, the miracle drug of the Middle Ages, was frequently recommended for the insane.

Ibn Iyās, a fifteenth-century Egyptian historian, relates an event that shows an interesting association of theriac with both the functioning of the Maṣṣūrī hospital and the treatment of the sultan an-Nāṣir's (901/1496–903/1498) progressive insanity:

The sultan desired to see the dissection of serpents that were prepared at the hospital [*because snakes were the essential ingredient of theriac*]. The operation was, therefore, performed in his presence in the rooms of the Bahra, and he paid great attention to it. He awarded robes of honour on the chief doctor Shams ad-Dīn Qūsūfī and on his son, as well as on the *psylli* who had procured the serpents, and on other individuals.⁶⁷

The purpose of the diets, baths, and medications was generally, as Ibn Sīnā says,⁶⁸ to increase the moisture of the body in opposition to the presumed drying effect of the black or burnt bile. Cold and moist foods were also advised by Ishāq ibn 'Imrān as a corrective to the burnt yellow bile, the major cause of mania; whey, particularly, was highly recommended on the authority of Galen.⁶⁹ The purpose of the blood-letting and purgatives was to evacuate the damaging black bile. And the drugs were obviously intended to calm the excited, stimulate the apathetic, and comfort the depressed.

Ibn Abī Uṣaybi'a (d. 668/1270) describes such drug therapy at the Nūr ad-Dīn Hospital in Damascus:

In the hall [*qā'a*] of the fools [*mamrūrīn*] Muḥadhdhab ad-Dīn prescribed for a man who had been stricken by the illness called *māniyā*, that is the bestial madness [*al-junūn as-sabū'ī*], an ample amount of opium to be added to the barley-water at the time that he was given to drink. The man improved and the condition disappeared.⁷⁰

In this regard, Ibn Abī Uṣaybi'a also relates an interesting story about Ibn Hibatallāh (d. AD 1154 or 1165), a physician who cared for the sick at

⁶⁵ Bürgel, 'Psychosomatic Methods', 163; idem, 'Der Mufarriḥ', 201–12.

⁶⁶ See J. Moreau, 'Recherches sur les aliénés en Orient', *Annales médico-psychologiques* (1843), 111.

⁶⁷ *Histoire des mamlouks circassiens*, trans. Gaston Wiet (L'Institut français d'archéologie orientale; Cairo, 1945), ii. For a fuller discussion of this operation, see Leiser and Dols, 'Evliyā Chelebi's Description of Medicine'.

⁶⁸ *Qānūn*, ii. 64 f.

⁶⁹ 'Imrān, p. 109a.

⁷⁰ Ibn Abī Uṣaybi'a, *Uyūn*, ed. A. Müller (2 vols.; Cairo–Königsberg, 1882, 1884), ii. 242.

the Aduḍī Hospital in Baghdad.⁷¹ Although the story may be apocryphal, it shows that the humoral theory, as applied to therapeutics, was taken for granted in the hospital and specifically in the treatment of the insane. One day a woman came to see Ibn Hibatallāh in the hospital; he was in the hall for the insane that he supervised, and she asked him for advice about her son's illness. He responded to her:

'It is desirable that you give him food and drink that is cold and moist.' Several maniacs that he treated in the hall mocked him when they heard this, and they said to him: 'You may be able to give such a prescription to one of your students who is knowledgeable about the laws and secrets of medicine. As for this poor woman, how can she know the cold and moist things? Prescribe for her instead a definite remedy, so that she knows what it consists of.' Far from being irritated by this [remark], the doctor kept an absolute silence.⁷²

(B) FAMILIAL CARE

The preceding story indicates the care that was usually given to the sick at home while the hospital was resorted to for medical advice, medication, and out-patient treatment.⁷³ Although the doctor's advice to the woman would suggest that her son was not suffering from insanity, many of the mentally ill were surely looked after in their homes by their families, relatives, and personal attendants although it might be the source of domestic tragedy.⁷⁴ Nevertheless, the basic responsibility for the insane was the family. The Qur'ān and Islamic law strongly reinforced this ancient duty. The Qur'ān states: 'Do not give to the incompetent [*sufahā*'] their property that God has assigned to you to

⁷¹ *MI*, 163 f.

⁷² Ibn Abī Uṣaybi'a, *Uyūn*, i. 254.

⁷³ For an example of the latter, see the anecdote about Ibn al-Matrān and his patient that is recounted in Amin A. Khairallah, *Outline of Arabic Contributions to Medicine and the Allied Sciences* (Beirut, 1946), 68 (Arabic version, p. 81). Also, Ibn Jubayr says (*The Travels of Ibn Jubayr*, trans. Broadhurst, pp. 33-4) about the hospital established in Alexandria by Saladin: 'Persons have also been appointed to it who may visit those of the strangers who are too modest to come to the hospital, and who can thus describe their condition to the doctors, who would then be answerable for their cure.'

⁷⁴ Such age-old circumstances seem to be reflected in the following piece of legislation from the *Corpus Juris Civilis*, which is atypical in recognizing insanity as a sufficient cause for the dissolution of marriage: 'If, however, the insanity is so fierce and dangerous that no hope of recovery is present and it terrifies the attendants, and the other party desires it, on account of the cruelty of the insanity, or because he has not children and is desirous of having them, the party being of sound mind will be permitted to notify the other of repudiation so that the marriage may be dissolved without fault.' (Quoted in R. Colin Pickett, *Mental Affliction and Church Law* (Universitas Catholica Ottaviensis, Series Canonica, 25; Ottawa, 1952), 16.)

manage; provide for them and clothe them out of it; and speak to them honourable words.⁷⁵

In very general terms, the social status of the family was a major determinant of the care of the insane; wealth, education, religion, and so forth were decisive factors in the kind of treatment that the mentally deranged received. Moreover, it appears from modern studies of psychiatric treatment in the Middle East that there is a correlation between mental illnesses and social class. On the basis of data gathered in four cities in Lebanon in 1964, it would appear that there was a greater prevalence of mental illness among the lower class, which was defined by education and income. Furthermore, a relationship also existed between social class and types of psychic disorder; psychoses clearly predominated in the lower class.⁷⁶ Despite numerous qualifications that should be made about this survey, it would suggest that historically the lower class was relatively more afflicted by mental disturbances and demanded greater attention than the upper class. This situation is, however, only what one would expect to find: mental illness would have naturally limited an individual's ability to benefit from an education and to earn a suitable income—the customary linkage between sickness and poverty. Aside from the cost, there was in the past, as there is today, a common reluctance to resort to medical or quasi-medical treatment. 'All across these social classes [in modern Lebanon] runs a variably intense but inevitable dread of psychiatric illness, a deep-rooted conviction of its hereditary and familial connections and hence an acute sensitivity to having a mentally ill family member.'⁷⁷

The hospital appears to have served primarily the needs of the urban poor who had no other recourse. The violence of the insane was probably a major factor in compelling a family to relinquish its obligation and to place a family member in a hospital. Furthermore, the unusual provision for women in Islamic hospitals, instead of in the home, would seem to suggest the complete inability of their families to provide for their care. Muslim families would normally be quite averse to

⁷⁵ Sūra 4: 4. Cf. Arberry, *The Koran Interpreted*, i (New York, 1965), 100; see the discussion below.

⁷⁶ Herant A. Katchadourian, 'A Survey of Treated Psychiatric Illness in Lebanon', *Brit. J. Psychiat.*, 114 (1968), 21–9; idem, 'A Comparative Study of Mental Illness among the Christians and Moslems of Lebanon', *International Journal of Social Psychiatry*, 20 (1974), 56–67; idem and J. V. Sutherland, 'Affective Psychoses in Lebanon', *Leb. Med. J.*, 28 (1975), 159–67; idem and C. W. Churchill, 'Social Class and Mental Illness in Urban Lebanon', *Social Psychiatry*, 4 (1969), 49–55; idem, 'Components in Prevalence of Mental Illness and Social Class in Urban Lebanon', *Social Psychiatry*, 8 (1973), 145–51; idem, 'Education and Mental Illness in Urban Lebanon', *Social Psychiatry*, 8 (1973), 152–61.

⁷⁷ Katchadourian, 'A Survey', 23.

having a female member hospitalized and were probably tolerant of her reduced mental capacities. Moreover, the confinement of a female member of a family in the home was not uncommon; it is substantiated by an exceptional account of Baja (?Bakka), a 'wise fool' in medieval Kūfa. Baja's brother related that his older sister had lost her mind and became raving mad. She was confined by her family to a chamber in the farthest part of their house, and she dwelt there for about ten years. Evidently, Baja also received medical attention because, when a doctor came to see her, she would complain about what she believed was more serious than her affliction, i.e. her religious experience, and sometimes it had a healing effect.⁷⁸ The stories of 'wise fools', which will be discussed below, also afford, incidentally, some indication of the care of the insane among the bedouin Arabs. Al-Aṣma'ī, the early philologist who visited Arabia, is said to have met Jasās the Deluded. Jasās would sleep an abnormal amount of time, but when he was awake, he would often create fear and alarm by his raving and would wander aimlessly about. Despite the difficulties that his condition entailed, Jasās's tribe carefully looked after him.⁷⁹

We know very little about the treatment of the mentally disturbed in ordinary medieval households under everyday circumstances. Aside from the rare descriptions of actual treatment in the medical literature, the unusual circumstances of the Crusades afford a glimpse at what may have been typical treatment for the mentally disturbed. The twelfth-century Syrian writer Usāma ibn Munqidh is well known for his personal account of the early Crusades, in which he gives a vivid picture of the contrast between the European practice of medicine and the Middle Eastern. Usāma relates that a neighbouring Crusader baron wrote to his uncle asking him for a physician to treat one of his companions who was ill. His uncle sent to his neighbour a Syrian Christian doctor called Thābit. The doctor returned quickly and was questioned about his apparently rapid success. Thābit told them that he had been brought two patients, a knight with an abscess on his leg and a woman afflicted with a mental disorder. He made the knight a poultice, and the abscess burst and the patient felt better. He put the woman on a diet and applied moistening remedies. Then, a Frankish physician appeared and accused Thābit of being unable to cure them. The Frankish doctor turned to the knight and asked if he would prefer to live with one leg or die with two. The knight, understandably, chose to live with one, so the Frankish doctor called for a strong knight and a sharp ax. While Thābit stood

⁷⁸ 'Uqalā', Najaf edn., 152; Ibn al-Jawzī, *Ṣifat*, iii. 122.

⁷⁹ 'Uqalā', Najaf edn., 140.

aside, his Frankish colleague instructed the second knight to strike off the abscessed leg with one blow. The first blow did not sever the leg; he struck a second time, and the marrow of the leg spurted out, and the man died at once.

The [Frankish] physician then turned to the woman, and said: 'This woman has a devil in her head who has fallen in love with her. Shave her hair off.' So they shaved her head, and she began once again to eat their usual diet, with garlic and mustard and such like. Her disorder got worse, and he said: 'The devil has entered her head.' Then he took a razor, incised a cross on her head and pulled off the skin in the middle until the bone of the skull appeared; this he rubbed with salt, and the woman died forthwith. Then [Thābit] said to them 'Have you any further need of me?' and they said no, and so I came home, having learned things about their medical practice which I did not know before.⁸⁰

The historical sources are naturally more informative about the rich and powerful, and from them we can draw some conclusions about familial care.⁸¹ The rich family was able to pay for expensive drugs, medical care, and nursing, or they were able to mollify the afflicted if the person were not too disturbed. Fortunately, we possess a treatise by Maimonides (d. AD 1204), the great Jewish philosopher-physician, that demonstrates the implementation of the medical theory of melancholia in such a situation.⁸² Maimonides was one of the personal physicians of al-Afḍal (d. 622/1225), the eldest son of Saladin; owing to his incapacity and self-indulgence, al-Afḍal lost the apanage given to him by his father.⁸³ He also suffered from bouts of melancholia, and Maimonides' treatise, *Maqālah fī Bayān ba'd al-a'rāḍ wa l-jawāb 'anhā*, or *A Treatise in Elucidation of Some Accidents and the Response to It*, is actually a letter to al-Afḍal advising him on this condition.⁸⁴ On the basis of this letter and Maimonides' earlier treatise that was dedicated to al-Afḍal,⁸⁵

⁸⁰ Usāma ibn Munqidh, *Kitāb al-I'tibār*, ed. Philip K. Hitti (Princeton, NJ, 1930) 132-3; cf. Philip K. Hitti, trans., *An Arab-Syrian Gentleman and Warrior in the Period of the Crusades* (New York, 1929), 162.

⁸¹ For similar observations about the well-to-do family in ancient Israel, see Rosen, *Madness in Society*, 64-5.

⁸² *MI*, 167-9.

⁸³ *EI2*, s.v. 'Al-Afḍal' (H. A. R. Gibb).

⁸⁴ Similar advice to al-Afḍal on his regimen may be found in another, earlier treatise that Maimonides dedicated to his patron: *Fī Tadbīr aṣ-ṣiḥḥa*. Beyond the issue of a healthy regimen, Maimonides states, as Galen would have, that the physician should help rectify the state of mind of the melancholic by removing the passions associated with this condition, such as dejection, solitude, and fear. Maimonides apparently also tried to persuade his patient to follow his instructions by arguing that not only medicine but practical philosophy and Islamic law supported such a course. See *Moses Maimonides' Two Treatises on the Regimen of Health*, trans. Ariel Bar-Sela, H. E. Hoff, and Elias Faris (Transactions of the American Philosophical Society, NS 54: 4; 1964), 23-7.

⁸⁵ *Ibid.* 16.

the prince seems to have suffered physically from haemorrhoids, constipation, and indigestion aside from his emotional instability.

Al-Afdal had previously sent to Maimonides a detailed report of his consultation with his other physicians about his health and asked Maimonides for his opinion. Maimonides' response begins by commenting, point by point, on his colleagues' advice. Consistent with medical theory, Maimonides was in accord with the other physicians that the haemorrhoids should be allowed to bleed in order to remove the bad blood, and the melancholic condition would disappear. He opposes, however, the recommendation that they should be opened unnaturally. Maimonides also agreed with those doctors who advised that he drink wine; it was a good soporific, digestive, diuretic, and aid to the blood, and if properly made with herbs, it was an exhilarating drink. As Galen said, it moistened the body, which was needed because of the excess of black bile. Furthermore, Maimonides concurred with the opinion that for a hot temperament one should take something that cools and moistens. He disagreed, however, with a recommended diet for al-Afdal that was directed against an excess of yellow bile; the issue was 'the generation of black vapors caused by the black bile arising from the combustion of phlegm that recurs periodically'.⁸⁶ Maimonides apparently diagnosed the prince's illness, melancholia, as resulting from the burning of the phlegmatic humour in the stomach, from which the noxious vapours rose to the brain. This diagnosis may indicate the success of Ibn Sīnā's aetiology of melancholia by attributing the illness to the overheating of the last and most unlikely humour.

Maimonides concurred with the other doctors' advice that al-Afdal should eat rhubarb for his constipation and that he should bath every three days, exercise each day, and anoint his body with oil of violets. He was opposed to using a compress on the liver and eating various vegetables, and he was strongly against the advice that he drink fresh milk, which produced phlegm. Maimonides agreed with a number of recommended drinks (especially with ox-tongue, known to the Greeks as *euphrosyne*, which cheered up the melancholic), opposed eating coriander seeds, but did not understand the suggestion of eating fruits before and after meals. All fruits were bad because they rapidly change to the evil humour in the body; when Galen stopped eating fruits, he never suffered from fever again. Maimonides supported the other doctors' advice that certain foods be avoided and that al-Afdal should not travel to hot regions. Maimonides did not approve of emesis with lapis lazuli or

⁸⁶ Ibid. 33.

Armenian stone, which the other physicians recommended and which were often mentioned in the medical texts. He agreed with the advice against strong purgatives, but he was unusual in advising against dodder of thyme because of its distressing and drying action. Blood-letting was necessary and close attention had to be paid to the diet. Surprisingly, Maimonides strongly recommended potions and electuaries containing granulated jewels and metals, such as jacinth, emerald, gold, and silver, as cardiac medicaments. Al-Afḍal's frequent use of an herbal drink had caused it to lose its effect. Maimonides approved of the prince's decrease in sexual activity and urged him not to neglect his baths. Furthermore, sleep in the afternoon and evening should be induced by singing and music. If his sleep were regular, it is 'a clear proof that these black vapors do not hurt the brain or alter its temperament, especially if the heart is afflicted'. Finally, al-Afḍal should resume his exercise by horseback riding.

Following these comments by Maimonides on the other doctors' advice, he recommended two specific electuaries and gives their recipes. In this context, Maimonides states: 'I have already treated some of those who follow the same course as kings suffering from melancholia, a disorder that tends toward mania, that is rage. In these cases, I added to the temperate recipe the weight of a dram of thoroughly pulverized jacinth, of exquisite pomegranate color, and they were greatly benefited by it, after previous despair.'⁸⁷ Maimonides proceeded to recommend various foods and drink, especially poultry and hydromel. Furthermore, he gave a very detailed regimen, hour by hour, for his patient. He emphasized that his bath should come after exercise and should be followed by drinking liquids and sleeping, and sexual intercourse should be after dinner is digested or late at night because it should not be undertaken when hungry or on a full stomach. The regimen should also be adjusted to the season of the year, and the patient should drink barley *kashf*, for which a recipe is given, on the authority of Hippocrates.⁸⁸ Maimonides ends by expressing his confidence that his patient will follow his advice.

Unexpectedly, Maimonides adds to his letter the following revealing comment:

⁸⁷ See *Moses Maimonides' Two Treatises on the Regimen of Health*, 36.

⁸⁸ The physiology of melancholia is well reflected in the reputed actions of this drink: it 'resists dryness of black humor, moderates the inflamed humors, removes their burning, thickens those vapors that ascend to the heart and the brain, prevents their ascent, cools the temperament through moderation and improves the condition in all that of which our Master complains' (ibid. 40).

Let not our Master censure his minor Servant for what he has mentioned in this his treatise about the use of wine and song, both of which the Law [Sharī'a] abhors, because this Servant has not commanded that this ought to be done, but mentioned what his Art determines. The lawgivers have already known, as the physicians have known, that wine can be of benefit to mankind. The physician, because he is a physician, must give information on the conduct of a beneficial regimen, be it unlawful or permissible, and the sick have the option to act or not to act. If the physician refrains from prescribing all that is of benefit, whether it be prohibited or permissible, he deceives, and does not deliver his true counsel. It is manifest that the Law commands whatever is of benefit and prohibits whatever is harmful in the next world, while the physician gives information about what benefits the body and warns against whatever harms it in this world.⁸⁹

The ill were free to make their own decisions about treatment, and success was evident, unlike the law.⁹⁰

Probably the best example of appeasement of truly insane behaviour in a royal person in the medieval Middle East was the treatment of Justin II (d. AD 578), who ruled the Byzantine Empire on the eve of the Arab conquests. The rare description of Justin's insanity is told by John, bishop of Ephesus, in his *Ecclesiastical History*. Only the third and last part of his *History* in Syriac survives, but it fortunately covers the events between AD 571 and 585. John was born near Amid in northern Mesopotamia about AD 507; he moved to Constantinople and won the favour of the emperor Justinian, whom he served for thirty years. He was sent by Justinian in AD 542 to convert the pagans in the region of Ephesus, of which he was later consecrated bishop. Being a Monophysite Christian, John took a deep interest in the religious controversies of his time and in the ascetic life, which is demonstrated by his *Lives of Eastern Saints*.

With the death of Justinian in AD 565, his sister's son, Justin II, came to the Byzantine throne. Initially, Justin was energetic and conscientious, but he became increasingly authoritarian, suspicious, and aggressive towards others. After the fall of Dara, an important Byzantine frontier fortress, in AD 573, Justin completely collapsed; depressive periods alternated with outbursts of rage, followed by periods of inactivity and anxiety.⁹¹ According to John, Justin ruled fairly for the first six years of

⁸⁹ Ibid. 40.

⁹⁰ Ibid. see also idem, 'Der medizinische Schwanengesang des Maimonides', ed. and trans. Hermann Kroner, *Janus*, 32 (1928), 12-116; Max Meyerhof, 'The Medical Works of Maimonides', in *Essays on Maimonides*, ed. S. W. Baron (New York, 1941), 265-99.

⁹¹ Ewald Kislinger, 'Der Kranke Justin II. und die ärztliche Haftung bei Operationen in Byzanz', *Jahrbuch der österreichischen Byzantinistik*, 36 (1986), 39-44.

his reign, but the emperor then changed and supported a persecution of Monophysite Christians. For Justin had begun his reign with a measure of toleration for the Monophysites and had hoped to bring about a union of the Monophysite factions and to unite them with the Orthodox Church. In AD 571, however, the emperor inaugurated a policy of persecution and issued a lengthy anti-Monophysite creed, which the clergy were compelled to sign.⁹² John sees this event as part of the general lawlessness and corruption in the empire, indeed as a harbinger of the end of the world.⁹³ Within this turbulent setting, John clearly believed that God had punished Justin for his sins; his illness was a 'pitiable smiting justly inflicted upon him by God' for his misuse of royal powers.⁹⁴ He says that an evil angel entered Justin and took control of him. Divine chastisement in such a manner was not unique in John's chronicle, for he tells us earlier about Anastasius, the quaestor, who was punished by God in the form of possession by an evil spirit, possibly epilepsy, because of the quaestor's heathen beliefs and hostility to true believers. God saw his deceit and brought his falsehood to light before the whole church at the feast of the holy cross.⁹⁵

Justin's mind became 'agitated and darkened', and his body suffered from various torments. He cried out like an animal: he barked like a dog and bleated like a goat, he mewed like a cat and crowed a cock. John is careful to stress that he was not an eyewitness to the dramatic features of the emperor's condition, but his unbalanced state was the talk of the town. There were many reports, and the emperor's condition lasted for five years. Interestingly, John admits that many interpreted Justin's insanity in different ways, or at least different from his own view.⁹⁶ John

⁹² For Justin's religious policies, see Averil Cameron, 'The Early Religious Policies of Justin II', in *The Orthodox Churches and the West*, ed. D. Baker (Studies in Church History, 13; Oxford, 1976), 51–68.

⁹³ The chronicler's gloomy view of his time is generally followed by modern historians; see Edward Gibbon, *Decline and Fall of the Roman Empire*, ii (New York, 1932), 739–41.

⁹⁴ *The Third Part of the Ecclesiastical History of John, Bishop of Ephesus*, trans. R. Payne Smith (Oxford, 1860), 165.

⁹⁵ 'He too approached the holy cross; but before he could adore it, a demon entered into him, and lifted him up, and threw him on the ground before the holy cross.—yes, this man, I say, who falsely and deceitfully, in mockery of the Christian religion, had drawn near to worship—and he began to foam, and was torn by the devil, and deprived of his senses, and screamed so long, that at length the patriarch gave orders for them to lift him up, and carry him through the throng, and place him in an inner apartment of the church: while the whole multitude who filled the church long continued crying kyrie eleison, being in wonder at the revelation of his fraud, and at the chastisement which the Lord of the cross had inflicted upon him, before the eyes of so many people. And terror fell on many deceivers and hypocrites. As for Anastasius, he never again raised his head, but being thus tormented by the devil, he lived about a year and a half, more or less, and so departed from this life' (*The Third Part*, 141).

⁹⁶ *Ibid.* 170–1.

bases his brief account on the authority of others; 'the whole senate and city, natives as well as foreigners, bear witness to the truth and exactness of our details':⁹⁷

the evil spirit filled him with agitation and terror, so that he [Justin] rushed about in furious haste from place to place, and crept, if he could, under the bed, and hid himself among the pillows; and then, when the horror came upon him, he would rush out with hot and violent speed, and run to the windows to throw himself down. And his attendants, in spite of their respect for him as king, had to run after him, and lay hold of him, to prevent him from dashing himself down and being killed: and the queen was obliged to give orders for carpenters to come, and fix bars in the windows, and close them up on the whole of that side of the palace in which the king lived. Moreover they selected strong young men to act as his chamberlains and guard him; for when they were obliged, in the way I have described, to run after him and seize him, as he was a powerful man, he would turn upon them, and seize them with his teeth, and tear them: and two of them he bit so severely about the head, as seriously to injure them, and they were ill, and the report got about the city that the king had eaten two of his chamberlains. And sometimes, as was said, they had even to tie him up, while he screamed and howled, and uttered words without meaning: but if they said to him, The Bogle⁹⁸ is coming for you, he would be still in a moment, and run away, and hide himself; and any name which they mentioned was enough to frighten him, and make him run away, and be quiet, and creep under his bed. And there were other things more disgraceful than these, and more lawless, which were openly spoken of without fear by everyone in the city. . . .

In this disordered state of the king's intellect, those about him devised various kinds of amusements, both to divert his attention, and in the hope of restoring him to the use of his reason. The most successful of these was a little wagon, with a throne upon it for him to sit upon, and having placed him on it, his chamberlains drew him about, and ran with him backwards and forwards for a long time, while he, in delight and admiration at their speed, desisted from many of his absurdities. Another was an organ, which they kept almost constantly playing day and night near his chamber; and as long as he heard the sound of the tunes which it played he remained quiet, but occasionally even then a sudden horror would come upon him, and he would break out into cries, and be guilty of strange actions. For once, when the patriarch came to visit him, and drew near and made his obeisance, seeing that the king was agitated, he signed him with the sign of the cross; upon which he raised his hand, and struck him so heavy a blow on the head, that the patriarch reeled and fell on his back a good distance from him, while the king exclaimed, 'An evil end be thine: go and sign thyself, that thy own devils may get out of thee.' The rest meanwhile took

⁹⁷ Ibid. 169.

⁹⁸ 'Literally, Chorth the son of Gabolo, that is, Harith the son of Jabal, a common name at this time among the princes of the Arabian kingdom of Hirah' (*The Third Part*, 168 n.).

the bishop and raised him up; but it was some time before he returned to his senses, being stunned by the severity of the blow. At another time, as it was impossible for the patriarch not to pay the customary visits to the palace, upon his entering cautiously, and on his guard, the king at the sight of him, fell into a fit of laughter, and jumping up, laid hands upon him, and took from his shoulder his mitre, which is the insignia of the episcopal office, and spread it out, and put it upon his head, like a woman's hood; and looking at it said, 'How well it becomes you now, my lord patriarch: only you should put on some gold lace, like the ribands which the ladies wear upon their heads.' At another time, standing at a window overlooking the sea shore, he began to cry like those who go about hawking crockery. 'Who'll buy my pans?' And many other such things he did which it is impossible to relate, and which were wrought in him by the devil, to whom he was given up.⁹⁹

John reports that, after five years of mental instability, Justin consented to his replacement during one of his periods of lucidity. His removal was essential because of the disastrous encroachments on the empire by the Avars, Lombards, and especially the Persians. Tiberius, who had long been the emperor's keeper, was appointed the new emperor and given the name of Constantine in AD 574. The succession was marked by a moving and well-known speech by Justin, declaring that the office of caesar comes not from the emperor but from God.¹⁰⁰ Justin survived for four more years, and in his lucid moments, he tried to perform his normal activities: he was propped up in his chair, shown to the people, and taken to the morning entertainment in the Hippodrome. He gave audiences, and when he spoke sensibly, he was heeded. He distributed largesses to the people, but sadly his attendants had to put money into his hand and guide his arms. He also suffered from strangury and longed for death. At the end, he suffered from bladder stones. Although physicians are not previously mentioned with regard to Justin's condition, John states that they were now called to operate for the stones. Our author apparently had a low opinion of doctors, for he says that after 'the usual cowardly manner of physicians', they requested the emperor to take the lancet into his hand and, then, to hand it back to them. This action signified the king's consent to the operation, and it protected the doctors from punishment if he died.¹⁰¹ John asserts that the operation was barbarously performed, and the emperor's death was inevitable.¹⁰²

⁹⁹ *The Third Part*, 169–70.

¹⁰⁰ See Averil Cameron, 'An Emperor's Abdication', *Byzantinoslavica*, 37: 2 (1976), 161–7.

¹⁰¹ Kislinger suggests ('Der Kranke Justin II', 42–4), on the basis of later saints' lives, that this gesture was common in Byzantine surgery as a sign of the patient's consent.

¹⁰² *The Third Part*, 177–8.

Another, much later example of placating a mad ruler is the case of an-Nāṣir Muḥammad, the sultan of Egypt from 901/1496 to 903/1498. The chronicler Ibn Iyās tells us that:

The sultan had a woman whipped in front of him who was, then, compelled to promenade obscenely on an ass and to wear a yoke on her neck. Such had never been seen before. The sultan presented, moreover, signs of insanity, so that Kurtbāy [the vizier] thought well of keeping him under surveillance by four noble guards. They were charged with preventing him from playing with the children of the people and, in a general manner, keeping him from all initiative. The regent of the king, Tānibak Damālī, slept each night close to him. All these precautions proved useless, for the dissolution of the sultan passed all limits.¹⁰³

The account by Ibn Iyās continues with a long, interesting recital of what he considered to be abnormal or unacceptable behaviour by the sultan. Ibn Iyās was particularly censorious of the sultan's behaviour with regard to his religious observances, which impaired the diffused dignity of Muslim worship.

The prime candidate for madness in medieval Islamic history is the caliph al-Ḥākim Bi-Amr Allāh, the Fāṭimid caliph of Egypt from AD 996 to 1021, but his madness is as difficult to assess as that of some of the early Roman emperors.¹⁰⁴ Consequently, historians are greatly divided about the personality of al-Ḥākim. In a standard survey of the caliph's reign, M. Canard emphasizes the enigmatic character of the caliph; his personal behaviour was very peculiar and his actions as caliph are often inexplicable. Generally, 'His main characteristic is a tyrannical and cruel despotism, with intervals of liberalism and humility.' Despite his reservations, Canard repeatedly describes al-Ḥākim as mad and ends his biography of the caliph with the curious, quasi-medical statement that the caliph 'seems to have been several persons in succession or even simultaneously'.¹⁰⁵

On the other hand, Heinz Halm has recently presented a more positive interpretation of al-Ḥākim as a sane but rigorous monarch.¹⁰⁶

¹⁰³ Ibn Iyās, *Histoire des mamlouks circassiens*, ii, 378.

¹⁰⁴ See R. S. Katz, 'The Illness of Caligula', *CW*, 65 (1972), 223-5; idem, 'Caligula's illness Again', *CW*, 70 (1977), 451; M. C. Morgan, 'Caligula's Illness Again', *CW*, 66 (1973), 327-9; idem, 'Once Again Caligula's Illness', *CW*, 70 (1977), 452-3.

¹⁰⁵ *Et2*, s.v. 'al-Ḥākim Bi-Amr Allāh' (M. Canard). A similar point of view is taken by De Lacy O'Leary in his *A Short History of the Fatimid Khalifate* (London, 1923), 130 ff., which is largely based on A. I. Silvestre de Sacy, *Exposé de la religion des Druzes* (Paris, 1838), vol. i, pp. cclxxviii-cccxix; de Sacy, however, is more cautious in his assessment of al-Ḥākim's behaviour.

¹⁰⁶ Heinz Halm, 'Der Treuhänder Gottes: Die Edikte des Kalifen al-Ḥākim', *Der Islam*, 63 (1986), 11-72; see pp. 12-15 for a survey of the pertinent literature. Josef van Ess correctly

By a careful consideration of the caliph's edicts, al-Ḥākim can be seen as 'a man, stubborn and unswerving in his objective, as the ideal leader [*imam*] ruling an ideal community [*umma*']'.¹⁰⁷ There is little question that al-Ḥākim was militarily successful in extending the vast Fāṭimid Empire that he had inherited. He was also responsible for the construction of a number of important monuments in Cairo, including a scientific institute, and he promoted public welfare through charity, the control of food prices, enforcement of the law, and the abolition of unjust taxes. Halm's comparisons of al-Ḥākim's decrees to Napoleon's legislation in Egypt in the late eighteenth century is instructive, as well as the comparison that he draws between the personalities of al-Ḥākim and Czar Ivan IV. The obvious but unspoken comparison is with present-day Muslim fundamentalist leaders.

Al-Ḥākim's rule was certainly eventful. The reign is generally remarkable for the ruthlessness of al-Ḥākim, the popular rebellions against him, and his personal eccentricities, which were crowned by his apotheosis. From 395/1004–5, his reign was characterized by a series of measures that attempted at various times to enforce a strict adherence to Shī'ī Islam, especially in its moral implications, and by measures against non-Shī'īs—Christians, Jews, and Sunnī Muslims.¹⁰⁸ Attempts were made to promote Shī'ism and to discriminate especially against Sunnīs and their beliefs; al-Ḥākim also sought to remove what were considered to be uncanonical, popular practices that had seeped into Islamic practice. Other edicts were aimed directly at enforcing a strict morality: the prohibition of intoxicants, prostitution, immodesty in the baths, the sale of slave singing-girls, musical instruments, and musicians. Restrictions on women were particularly harsh; women were forbidden to adorn themselves and to go out in public. In 405/1014 the caliph forbade shoemakers to make shoes for women, so they could not go out of their homes; some who went out to the baths, regardless of the prohibition, were walled up in the baths. In this anti-feminist light, al-Ḥākim's confiscation of the possessions of the women in his own family in 399/1009 may be explained. Customary pleasure parties on the banks of the Nile and on river boats were forbidden; generally, the caliph prohibited people going out at night and shops being kept open after sunset. These measures are said to have been quite unpopular, and al-Ḥākim did not

interprets al-Ḥākim's actions within the context of Islamic chiliasm, but he still considers the caliph to be mentally unstable; see his *Chiliasmische Erwartungen und die Versuchung der Göttlichkeit: Der Kalif al-Ḥākim (386–411 H.)* (Abh. der Heidelberger Akad. d. Wiss., Phil.-hist. Kl., 1977).

¹⁰⁷ Halm, 'Der Treuhänder Gottes', 60.

¹⁰⁸ De Sacy, *Exposé*, pp. cccviii–cccxi.

hesitate to punish offenders severely. His laws against certain foods, dogs, and chess may appear inexplicable, but in view of his obsession with religious purity and the cultural associations of some of these items, his measures are understandable. Moreover, it is often argued that the frequent reimposition of these measures suggests that they were not vigorously enforced, but their inconsistency appears to have been influenced by economic and military events.

Al-Ḥākim is infamous for his harshness toward the large Christian population of Egypt, a spectre that has loomed over the Coptic population since the time of al-Ḥākim. He imposed repeatedly the sumptuary laws against Christians and demolished a number of churches and monasteries, especially the Church of the Holy Sepulchre in Jerusalem. For various reasons, al-Ḥākim had a large number of individuals, particularly government officials, tortured and executed. Apparently because of opposition to his regime, the caliph ordered the burning of al-Fuṣṭāṭ or Old Cairo in 410/1020. His black troops plundered and burned the city; when his Turkish and Berber troops took the side of the inhabitants of al-Fuṣṭāṭ, the caliph had to intervene personally to end the disorder that lasted for a week and seriously damaged the old capital.

The personal eccentricities of al-Ḥākim are well known, particularly his preference for the night rather than the day and, consequently, his nocturnal wanderings through the streets and alleys of al-Fuṣṭāṭ before it was burnt; this practice of al-Ḥākim may be the model for the nocturnal adventurers of Hārūn ar-Rashīd in Baghdad that appear in *The Thousand and One Nights*. The merchants were expected to light their shops and streets as if it were daylight. The caliph appears to have enjoyed the wrestling among the street vagrants and other aspects of low life in the city. Canard asserts that sometimes, during these forays, al-Ḥākim 'was seized by a fit of absolute madness. One day as he passed a butcher's shop he seized the butcher's chopper and with it struck and killed one of his attendants, passing on without paying any more attention to the body; the terrified crowd did not dare to do anything and the body remained there until al-Ḥākim sent a shroud in which to bury him.' These visits to the city seem to have increased after 405/1014-15, and even when he was ill, he was carried around in a litter.

Al-Ḥākim's personal rule was characterized by a reckless generosity from the outset; nevertheless, signs of a vigorous puritanism, religious fanaticism, and capricious cruelty are evident in his actions.¹⁰⁹ As Canard

¹⁰⁹ O'Leary, *A Short History*, 133 f.

has pointed out, there were periods in al-Ḥākim's life of marked humility and asceticism. In the latter part of his reign, he forbade the traditional pompous ceremonies of the caliphate and he was personally austere, in a manner that was more commonly associated with sufis. Evidently, this austerity increased to the point that he no longer changed his clothing and neglected personal hygiene. He frequently went for solitary walks in desolate areas, and he imagined that he spoke to God. 'His madness (unless it really was absolute religious conviction—Ismā'īlism taken to its ultimate conclusions) led him to accept and encourage the theories of Ismā'īlī extremists according to which he was the incarnation of the Divinity.'¹¹⁰ It appears that this very claim began to be preached in 408/1017–18 with the caliph's approval. On 27 Shawwāl 411/13 February 1021, however, al-Ḥākim disappeared on one of his solitary walks at night in the Muqāṭṭam Hills, adjacent to Cairo on the east; his body was never found. One plausible theory is that his murder was instigated by his family, especially his sister Sitt al-Mulk, who feared for her own safety. More important, the Druzes, an extremist Shī'ī sect that originated in the closing years of al-Ḥākim's reign and still survives in the mountainous regions of Syria and Lebanon, believe in the divine character of al-Ḥākim. As the authoritative guardian of Islam, he went into 'hiding' [*ghayba*] until his messianic return.¹¹¹

It is virtually impossible to determine the personal motivation of historical figures in the medieval period because of the lack of primary sources, particularly private documents. For example, the difficulty in evaluating Saladin—whose sanity has never been questioned—has been demonstrated in recent years by a series of skilful biographers; relying on first-hand reports of Saladin's actions, they have still reached quite divergent views of his personality and his objectives. The sources for the life of al-Ḥākim are far more tendentious and limited, despite his historical importance. The chronicles of the period typically do not attempt to give a psychological profile of the ruler. It is not, however, entirely true to say, *pace* Halm, that the medieval Arabic sources do not permit some insight into the personality of such figures.¹¹² A chronicler allows his reader to draw his own conclusions from the data, which are presented as facts about an individual's behaviour, and such deductions from behaviour have always been the basis for determining mental

¹¹⁰ *EI*2, s.v. 'al-Ḥākim Bi-Amr Allāh'.

¹¹¹ See *EI*2, s.v. 'Dūrūz' (M. G. S. Hodgson *et al.*); Nejla M. Abū-Izzeddin, *The Druzes: A New Study of Their History, Faith and Society* (Leiden, 1984).

¹¹² Halm, 'Der Treuhänder Gottes', 59.

illness. Personal and moral judgements were often passed by chroniclers,¹¹³ but it was apparently impolite and possibly dangerous for a writer to say straightforwardly that a major political figure was mad. In two instances, that of al-Ḥākim and the minor Mamlūk sultan an-Nāṣir Aḥmad (d. AD 1344), medieval historians seem to have used this indirect method to convince the reader of their points of view.

Yaḥyā ibn Saʿīd al-Anṭākī was an Arab Christian physician and historian, who wrote a contemporary account of al-Ḥākim's reign. He was born about AD 980 and spent about the first thirty-five years of his life in Egypt. Following the persecutions of Christians by al-Ḥākim, the caliph allowed the Christians to leave Egypt in 404/1013-14. A year later al-Anṭākī settled in Byzantine Antioch, where he lived until his death in 458/1066. His historical work was a sequel (*dhayl*) to the chronicle of Eutychius. Al-Anṭākī repeatedly revised his work, but none of the surviving manuscripts takes the history beyond 425/1035. He was naturally interested in the history of Egypt, Syria, and the Byzantine Empire, and he used Greek and local Christian sources as well as Muslim ones.¹¹⁴ Al-Anṭākī was certainly not an unbiased observer and recorder about al-Ḥākim and the events in Egypt during his lifetime. His account clearly intends to convey the impression to the reader that al-Ḥākim was mad.¹¹⁵ If it were true, for example, that al-Ḥākim had a large number of his concubines packed into special crates, weighted down with stones, and thrown into the Nile, there can be little doubt that he was insane by any reasonable standard of behaviour.¹¹⁶ Such allegations, however, may not be true; they might have been unsubstantiated slander against an absolutist ruler who had sincerely, though ruthlessly, imposed his religious views to the detriment of a large part of the Egyptian population.

Whatever may have motivated al-Ḥākim's actions, some people clearly believed at the time that he was insane, and al-Anṭākī represents this opinion well by offering a medical diagnosis of al-Ḥākim's mental state.¹¹⁷ After describing al-Ḥākim's peculiar, unkempt appearance and

¹¹³ See, for example, Ibn Taghribirdī's summing up of the personality of an-Nāṣir Aḥmad, who will be considered below: *an-Nujūm az-zāhirah*, x (Cairo, 1368/1949), 72.

¹¹⁴ *EI*2, s.v. 'al-Anṭākī' (M. Canard).

¹¹⁵ The complete text, *Eutychii Annales Accedunt Annales Yahia Ibn Saïd Antiochensis*, was edited by L. Cheikho, B. Carra de Vaux, and H. Zayyat (CSCO, Scriptores Arabici, 3rd ser., 7; Beirut-Paris, 1909), 91 ff.

¹¹⁶ *Histoire de Yahyā-ibn-Saʿīd d'Antioche*, ed. and trans. I. Kratchkovsky and A. Vasiliev (PO, 23; Paris, 1932), 518.

¹¹⁷ Cf. Halm, 'Der Treuhänder Gottes', 60-1.

his habit of solitary walks in the desert, where he sought divine inspiration, al-Anṭākī states:

His [al-Hākīm's] condition grew to resemble that of Nebuchadnezzar, the king of Babylon. The prophet Daniel said that the desert became a refuge for him, as for the wild animals; his nails grew and were similar to eagle's claws; and his hair grew long like that of the lion. It was a punishment for his destruction of the temple of the Lord in Jerusalem, his seizure of the instrument of holiness and his sending of the people of Israel into exile. The reason for his injustice in all that he did of these strange and contradictory acts was that they arose in his mind [*nafs*], and he did them one after the other. Although we do not know from history that this was the cause, we can infer from the facts that it was a kind of diseased temperament in his brain; it caused in him one of the types of melancholia and the corruption of his thinking since his childhood. It is common in the craft of medicine [to observe] the welling up of delusions in the mind of whomever this illness strikes. The victim imagines astonishing things, and there is no doubt in his mind that he is right in what he imagines about everything he does. It does not prevent him from doing these things, and nothing turns him back. There may be among them one who thinks of himself as a prophet or who often believes that he is God Almighty. Of these people there is outwardly a confusion of speech, but the disturbance in his condition is not revealed to those who see him and talk with him. The suspicion about him disappears at first sight. Sometimes a man's insanity [*takhlīṭ*] is not apparent in his speech, and these hallucinations and destructive thoughts occur in him about matters that are hidden from the common people. His demeanour among them is that of a wise man; they have a good opinion of him, and their view of him is that he is one of the best people. If they prolonged their examination, they would discover what was concealed from them about their destruction.

This is a picture of the condition of al-Hākīm. His deterioration would be clear to whoever had a long association with him. To whoever was distant from him, his actions would be obvious [signs]. One may conclude the truth about this over-powering illness from the convulsions, which happened to him [al-Hākīm] in his youth, from a dry intemperament in his brain. It is the kind of diseased temperament that occurs in melancholics. He needed to be treated with such things as sitting in oil of violets and his body moistened with it. Also, there was the frequency of his insomnia, his passion [*shāghaf*] for pursuing his excursions and his persistent love-madness, which this intemperament causes. Abū Ya 'qūb Ishāq ibn Ibrāhīm ibn Anasās [?], when he served him, inclined him towards indulgence in drinking liquor [*nabīdh*] and listening to songs after he had renounced them and prohibited them to the people. His character was improved, the temperament of his brain was moistened, and his body grew sound. When Abū Ya 'qūb died, he reverted to his prohibition against drinking liquor and listening to music; his body returned to its former state, and the damage increased. His state [*possibly 'decree', which may refer to his edict*

against intoxicants and music] led to what we have recounted and to what we will report about his condition in what follows.¹¹⁸

There is no evidence that al-Anṭākī had any personal contact, especially as a physician, with al-Ḥākim; al-Anṭākī may have known the sultan's personal physicians, but the source of his information about the personal history and physical condition of the caliph is unclear. On the other hand, al-Ḥākim was acquainted with a number of doctors. The physician Ibn Muqashshir advised him to resume drinking wine for the benefit of his health despite the religious prohibition; one cannot help wondering whether this advice might have been related to his mental condition, considering the long medical tradition that recommended wine for melancholia. Another doctor was put to death by the caliph. Yet, there is no evidence that al-Ḥākim sought medical treatment specifically for his state of mind. As a physician, however, al-Anṭākī proffers in this passage an informed medical explanation of al-Ḥākim's behaviour; he utilizes the medical knowledge about melancholia that was readily available to him, and his account is consistent with the medical texts.

Al-Anṭākī began his brief evaluation of al-Ḥākim with an appropriate comparison with Nebuchadnezzar, the proud tyrant. The late-medieval French historian Froissart, incidentally, used the same analogy for describing Charles VI's madness, with similar connotations.¹¹⁹ Although Daniel's account of Nebuchadnezzar was poorly known to Muslims, the biblical story was well known to Christians. Nebuchadnezzar was arguably the outstanding symbol of madness, in its various forms, in medieval Europe.¹²⁰ Al-Anṭākī's view of Nebuchadnezzar is that of the 'mad sinner', by which Penelope Doob means 'a proud pagan king whose disdain for and emulation of the true God and whose persecution of God's people condemn him to the madness of the bestial and unreasonable man, to futile rage, and often to suicide'.¹²¹ Al-Anṭākī obviously did not emphasize the salvation of the ancient monarch but stops short with Nebuchadnezzar's punishment:

Immediately the word was fulfilled upon Nebuchadnezzar. He was driven from among men, and ate grass like an ox, and his body was wet with the dew of

¹¹⁸ *Eutychii Annales Accedunt Annales Yabia Ibn Saïd Antiochensis*, 218–19.

¹¹⁹ Jean Froissart, *Chronicles*, ed. and trans. G. Brereton (Baltimore, 1968), 393–4.

¹²⁰ See *El2*, s.v. 'Dāniyāl' (G. Vadjā), and Penelope B. R. Doob, *Nebuchadnezzar's Children: Conventions of Madness in Middle English Literature* (New Haven, Conn.–London, 1974), esp. 54–94.

¹²¹ Doob, *Nebuchadnezzar's Children*, 54.

heaven till his hair grew as long as eagles' feathers, and his nails were like birds' claws.¹²²

Al-Anṭākī does not blame Nebuchadnezzar's fall on his pride, which was the common medieval interpretation, but rationalizes it. Our author freely admits that he has applied his medical interpretation to the historical account of Nebuchadnezzar's behaviour, and he predictably uses the humoral theory for his analysis. Nebuchadnezzar was mentally ill, suffering from a serious humoral imbalance in the brain. It was a form of melancholia, characterized primarily by delusions, that al-Anṭākī states was frequently encountered by physicians and was well recognized by them. Like the medical writers on melancholia, he mentions the conviction of the afflicted in their own delusions, especially in religious fantasies. He observes that melancholics often suffered from mental disturbance in childhood and confused speech, which were concealed by their families.

Moving from Nebuchadnezzar to a general picture of the mentally deranged, al-Anṭākī implies that these features are applicable to the caliph. Al-Ḥākim's mental condition is said to have been readily apparent to close associates; to others, his unusual public behaviour would be an indication of his insanity. Specifically, al-Ḥākim is said to have suffered from convulsions or spasms in his youth, which is suggestive of epilepsy; epilepsy was believed to be interchangeable with melancholia-mania. All of these diseases were thought to arise essentially, as al-Anṭākī proceeds to say, from dry humours—black and yellow bile—predominating in the brain. Furthermore, al-Ḥākim is said to have suffered from insomnia, an obsessive desire for solitude, and passionate behaviour that characterize the melancholic. For this condition, al-Anṭākī says that he should have been treated with moisturizers, such as oil of violets, which is frequently mentioned in the medical texts, but apparently he did not receive such treatment from his doctors. Moreover, the caliph's use of intoxicants and the enjoyment of music, despite his public prohibition of such activities, were inadvertently advantageous for his condition, and their cessation was detrimental to his health. Altogether, al-Ḥākim's mental illness created his unusual personal eccentricities and caused the injustices that he inflicted on the people.

Far less important than al-Ḥākim was another Egyptian sultan who appears to have been mentally disturbed. An-Nāṣir Aḥmad reigned for little over three months in 742–3/1342. He grew up in the fortified palace

¹²² Daniel 4: 33.

of Karak, east of the Dead Sea, where he gained the loyalty of the local bedouin population. After a military coup in Cairo, an-Nāṣir Aḥmad was acclaimed sultan, but he was unwilling to be controlled by the successful military faction that brought him to power. To further his independence he sought to rule the Mamlūk Empire from Karak, where he would be free from palace intrigues and rebellions. He did come to Cairo to be installed as the new sultan, and he gained control over the two leading Mamlūk amirs, but he soon returned to Karak with the captive amirs, the royal treasury and insignia, and huge flocks of sheep as well as cattle, horses, and camels. In Karak an-Nāṣir Aḥmad isolated himself almost entirely from the Egyptians and relied on the local Christians for the running of the court and defence. The subsequent execution of the two amirs in Karak incited the discontented Egyptian amirs in Cairo to depose an-Nāṣir Aḥmad and to install his half-brother as sultan. After eight expeditions against Karak, the fortress was captured and an-Nāṣir Aḥmad was executed.¹²³

The events of an-Nāṣir Aḥmad's brief rule are recounted by al-Maqrīzī and Ibn Taghribirdī, among a number of Egyptian historians.¹²⁴ Both historians make quite clear that this was a very turbulent period in Egypt; military infighting caused political instability and domestic insecurity. The peculiarities of the sultan's behaviour were part and parcel of the chaotic times. Both authors report an incident involving the chief physician Jamāl ad-Dīn ibn al-Maghribī.¹²⁵ The doctor said that he had been summoned by the sultan because of pain in his head. Al-Maghribī found the sultan sitting beside a youth from Karak while the rest of the people from Karak were standing around them. The doctor prescribed what was suitable for the sultan, and he visited him for two days concerning his condition. Aside from the mental ailment, the implication of the passage is that an-Nāṣir Aḥmad had a passion for Arab boys as well as for Arab clothing and manners. The historians, especially al-Maqrīzī, chronicle other extraordinary, even insane events of the period: the reputation of the powerful amir Qutlubugha of being *majnūn* because of his wildness and outspokenness; the buffoonery and madness of the judge al-Ghūrī, whose injustice caused a mob to destroy his house; the cruel execution of the governor of Qūs by being nailed to the door of the Manṣūrī Hospital; and the sultan's unusual withdrawal to

¹²³ Robert Irwin, *The Middle East in the Middle Ages* (Carbondale and Edwardsville, Ill., 1986), 127–30.

¹²⁴ Al-Maqrīzī, *as-Sulūk*, pt. 2, vol. iii (Cairo, 1958), 593–619; Ibn Taghribirdī, *an-Nujūm*, x (Cairo, 1368/1949), 50–77.

¹²⁵ Al-Maqrīzī, *as-Sulūk*, iii. 602; Ibn Taghribirdī, *an-Nujūm*, x. 59.

Karak, where he hoarded as much wealth as possible (including the women's jewelry), concealed himself with the Karakīs, and gave himself over to entertainment. Ibn Taghribirdī concludes that the sultan was more handsome than his brothers, having a full beard and head of hair; he was a large, very strong and courageous man, but he was the most evil of his father's sons, combining injustice and tyranny with fickleness and frivolity.¹²⁶ It is impossible to determine what was the mental condition of an-Nāṣir Aḥmad. Medical advice was certainly available to him, but there was nothing to deter him from pursuing his interests or eccentricities. The chroniclers appear to suggest that everything was out of kilter; everyone was going mad, including the sultan.

The Ottoman sultanate, particularly, offers a number of examples of possibly mad monarchs partly because of the greater amount of personal information about them that has survived.¹²⁷ In general, for the first twenty-four Ottoman sultans (AD 1281–1703), E. Jeanselme¹²⁸ concludes that six suffered from gout, five from apoplexy, one from epilepsy, one from alcoholic dementia, and five from imbecility.¹²⁹ The conventional view is that with the ending of the atabeg system, whereby a prince was trained in the provinces under the guidance of an experienced tutor, his confinement to the harem in the second half of the sixteenth century created a succession of incompetent and mentally unbalanced sultans. This practice certainly did not prepare the future sultans for political and military leadership, but it is doubtful that the intrigues of the harem, despite reports of the excessive indulgences of the heirs, caused mental disturbances any more than the incestuous wives of contemporary European royal families. The Ottoman tradition, however, of destroying all contenders to the sultanate at the succession of one member of the dynasty was a reasonable cause for anxiety and fear by the incarcerated princes.

In any case, two seventeenth-century Ottoman sultans appear to have suffered from serious mental disturbances. Muṣṭafā I, who had two short reigns, AD 1617–18 and 1622–3, is a good example of a prince who was raised entirely in the harem and had no experience in governing. Feeble

¹²⁶ Ibn Taghribirdī, *an-Nujūm*, x. 72.

¹²⁷ In one instance, an historian has been able to draw a fairly precise psychological study of an Ottoman sultan: see R. A. Abou-El-Haj, 'The Narcissism of Muṣṭafā II (1695–1703): A Psychohistorical Study', *Studia Islamica*, 40 (1974), 115–31.

¹²⁸ 'Goutte et tares nerveuses dans le dynastie des Osmanlis', 389–400.

¹²⁹ Alcoholism seems to have been a not uncommon problem in Turkish history despite Islamic prohibition. For example, it is alleged that Kaykhusraw II (d. AD 1246) was addicted to drink, among other weaknesses, and his incompetence was a major cause of the decline of the Seljuk dynasty: see Osman Turan, 'Kaykhusraw II Ghiyāth al-Dīn', trans. Gary Leiser, *Journal of the Pakistan Historical Society*, 33 (1985), 81–107.

and incompetent, Muṣṭafā was largely under the influence of his mother; the chief eunuch, who contended for power with the mother, alleged that Muṣṭafā was insane and secured his first deposition on this basis in favour of another. Muṣṭafā's second reign was anarchic; most of the governors refused to obey his orders or to remit the taxes to the capital because it was illegal to have an insane or physically defective sultan/caliph. Muṣṭafā was again deposed.¹³⁰

Better known is the case of the Sultan Ibrāhīm, who ruled from AD 1640 to 1648; his subsequent reputation was so bad that no later sultan took this name. Knowledge of his wild passions reached the public, and he became known as 'Ibrāhīm the Mad' (*Delī Ibrāhīm*). Initially, Ibrāhīm was a relatively successful sultan, perhaps due to the guidance of a good vizier, but he was subject to constant headaches and attacks of physical prostration. Because he was the only surviving member of the Ottoman dynasty, he was obsessed with producing a male heir. Although this desire was not in itself unusual, Ibrāhīm did have an inordinate passion for furs and silks, and his courtiers endeavoured to satisfy his whims. 'Heavy furs covered the walls and ceilings of the Topkapı Palace and the adjacent *köshks*. Rich furs were given to important officials as they went to their posts, and they were expected to provide more furs and gifts in return, whose cost was, in the end, paid by the hapless subjects. Since most of the furs came from Russia, trade with Moscow became important for the first time.'¹³¹

Ibrāhīm's insanity also brought to prominence a curious figure, Ḥusayn Efendi, known as Jinji Khoja, who claimed to be able to cure the sultan. He had come to Istanbul and studied at one of the madrasas of the Süleymaniyye, supporting himself by practising sorcery—hence the nickname Jinji or 'sorcerer'—which he had learned from his father. According to Evliyâ Chelebi, who knew him when they were both studying in the madrasa, Ḥusayn was not an able student, but he was successful because of his sorcery and the political influence that this gained for him. Specifically, the claim that he could cure the sultan won him the protection and patronage of the sultan's powerful mother as well as the sultan himself. Evliyâ Chelebi says that the sultan fell into the clutches of the harem, which included the unsavoury company of dwarfs, mutes, eunuchs, women, and favourites, especially Ḥusayn, who corrupted Ibrāhīm. Ḥusayn constantly accompanied the sultan

¹³⁰ Stanford Shaw, *History of the Ottoman Empire and Modern Turkey*, i (Cambridge, 1978), 190–4; M. A. Danon, 'Contributions à l'histoire des sultans Osman II et Mouṣṭafâ I', *Journal asiatique*, 11th ser., 14 (1919), 69–139, 243–310.

¹³¹ Shaw, *History of the Ottoman Empire*, i. 200–2.

and became a powerful and influential companion, encouraging his eccentricities and extravagances. He was given a number of high offices, for which he was unsuited but which he used to amass a private fortune. 'Jinji mocked at good advice [given to the sultan] and by his flattering conversation, he kept the sultan in a state of constant lethargy—he knew nothing of state affairs.'¹³² For short periods Ḥusayn was removed from office and even exiled, but the sultan was able to protect him.

Bribery and misrule, economic chaos and widespread rebellions characterized Ibrāhīm's reign, so that he was eventually deposed in favour of his son. Ibrāhīm was imprisoned in his apartments in the palace, but it is reported that he became so violently disturbed that he was finally strangled by order of a *fetva*, or quasi-legal opinion of the religious establishment.¹³³ As for Ḥusayn, he was imprisoned in the palace of the grand vizier for a month and all his property was confiscated; he was, then, exiled and finally executed later in the year.¹³⁴ According to Evliyâ Chelebi, Ḥusayn was torn to pieces by an Istanbul mob and his body was thrown on to the At-maidân after the deposition of Ibrāhīm.¹³⁵ In opposition to this conventional view of Ibrāhīm, a Turkish scholar has recently argued that the sultan was not insane but was physically ill. Apparently Ibrāhīm described his symptoms in some unpublished letters. His symptoms included earache, stomach-ache, backache, fainting and loss of consciousness, the sensation of something like smoke rising from his head, and the clamping shut of his jaws. The pain was so bad that the sultan would sob and hiccup; tears would stream from his eyes; but the pain would not cease. Medical specialists were called in to treat him; they gave him 'sherbet, *ilâç* [medicine], and *macun*' and sometimes bled him. Instead of healing him, these treatments seemed only to prolong his suffering. Furthermore, it is suggested that Ibrāhīm's long confinement in the harem probably disorientated him, retarded his education, and caused certain fears and anxieties.¹³⁶

Finally, in the late nineteenth century, F. M. Sandwith concludes his report on the history of the Cairo insane asylum¹³⁷ with the following case of an insane Turkish official in Cairo:

A Turkish pasha, nearly three years before his death, alarmed his family by showing unaccustomed irritability and grandiose ideas, such as believing that he

¹³² Evliyâ Efendi, *Narrative of Travels*, i. 149–50.

¹³³ Shaw, *History of the Ottoman Empire*, 202–3.

¹³⁴ *El2*, s.v. 'Ḥusayn Efendi, known as Djindji Khodja' (Cengiz Orhonlu).

¹³⁵ Evliyâ Efendi, *Narrative of Travels*, i. 150.

¹³⁶ M. Çağatay Uluçay, 'Sultan Ibrāhīm Deli mi, Hasta mıydı?' *Tarih Dünyası*, 1: 6–8 (1950), 242–4, 276–8, and 343–4 respectively.

¹³⁷ 'The Cairo Lunatic Asylum, 1888', 473–90.

was Sultan or Grand Vizier. They found it best to humour him, and when one day he returned home saying that he had been nominated to a high position in Europe they never dreamed that he was telling the truth until the following day when the firman arrived. They then took steps to inform the Ministers of his apparently insane condition; but as the pasha had full powers of conversing well on intricate political subjects they were laughed to scorn. The patient then took up his new post, and shortly electrified his august master by telegraphic prophesies as to the fate of several crowned heads in Europe. Believing that his banking account was unlimited, he made many absurdly lavish purchases, delighted to make presents to ladies unknown to him, used to go to the theatre with 100 fans for distribution, and eventually scandalized his friends by appearing at an official reception in straw hat and flannels. His Government recalled him, but he replied that he was quite happy, full of work, and with no intention of leaving. It was only by a fictitious telegram hinting at considerable promotion at home that he could be induced to leave. More and more weak-mindedness was developed, with attacks of aphasia recurring at intervals, loss of memory for recent matters, and failure in French conversation, though he had talked the language. An early symptom in this case was the patient's own belief that he was going mad. Before being transferred to Europe he desired one day to resign the appointment which he held under the Government, and wrote, as he thought, his official resignation; but the paper was found scrawled all over with 'Je suis fou.' During the last year of his life the patient, who had always been a great card player, spent nearly all his time in dealing real or imaginary cards. Once he lay upon the floor for fourteen hours at a stretch playing with imaginary cards. Convulsions became more and more frequent, mental deterioration and paralysis increased, and after three months' confinement to bed death ensued, the patient persisting to the last that he was Sultan of Turkey. This case was preceded by much sexual excess, but not by syphilis.

(C) *PSYCHOTHERAPY*

The great error of our day in the treatment of human beings is that some physicians separate treatment of soul from treatment of body (Plato, *Charmides*, 157 B).

Treatment of the insane naturally raises the question of 'psychotherapy', treatment directed primarily at the mind, which is more than the well-recognized need for a caring and trusting relationship between the patient and the doctor. No one really doubted that a relationship existed between the workings of the mind and the body, but there was a wide range of interpretation in the medical texts, and presumably in practice,

about the relative weight that should be attached to psychic influence on the body. The 'orthodox' position was, of course, Galen's—that the soul followed the temperament of the body. Yet, even in the traditional survey of the subject by Ishāq ibn 'Imrān, it is asserted that the opposite is equally true.¹³⁸ This latter view may represent a wider view of the causes of mental disorders and their treatment by Islamic doctors compared to antique madness.

The provision for the insane in Islamic hospitals probably posed more sharply the question of the somatic versus the psychic causation of mental illnesses and hence their therapies. The Greek and early Islamic medical accounts had discussed both physical and psychological treatments for mental illness; the psychological treatments can first be dated to the works of Celsus and Aretaeus.¹³⁹

In conformity with the humoral theory, psychic treatments could be understood as the manipulation of emotional states, through one's diet or medication, to counteract the humoral imbalances that created mental disturbances. Yet, the concentration of primarily psychotic patients in the Islamic hospitals probably gave greater evidence of the psychic causation of mental illness. Conversely, it gave rise to justifiable misgivings about a strictly physical interpretation of mental disorders. In other words, the grouping together of the deranged in one place and over an extended period of time in a medical milieu appears to have raised reasonable doubts in the minds of some doctors about the Galenic view of insanity. Such doubts were well expressed in the mid-eleventh-century treatise of Sa'īd ibn Bakhtīshū', a member of a famous medical family in Baghdad. He argues persuasively in his *Risālah fī Ṭibb* in favour of the psychic causation of illness—epitomized by passionate love or lovesickness.¹⁴⁰ At the beginning of the fourth chapter of his work, Ibn Bakhtīshū' calls attention to the neglect of the psychic element

¹³⁸ 'Imrān, fo. 94a.

¹³⁹ Flashar, *Melancholie*, 74 f., 77 f.; Howard Clark Kee, *Medicine, Miracle and Magic in New Testament Times* (Cambridge, 1986), 37 f. A good example of this reappearance of psychotherapy is related to phrenitis. While Galen says little about the treatment of the illness, Alexander of Tralles gives a full account. Aside from blood-letting, he recommends fomentations of the head with cool, calming, and narcotic substances to produce sleep, which 'is the single and best healing method for insanity'. After mentioning other methods of physical treatment and nourishment, he assigns considerable importance to the conditions of the sick-room, especially its furnishing and proper ventilation. As in Aretaeus, Alexander suggests that the room be bright and calming. The sick should not have many visitors because of the possible excitement and contamination of the air; trusted friends may nurse the patient, but nothing should disturb his peace of mind. See Th. Puschmann, *Alexander von Tralles*, 154.

¹⁴⁰ It was first described by Aretaeus as a form of melancholia, and lovesickness (*al-'ishq*) had a long, full life in Islamic literature (see Dols, 'Insanity in Byzantine and Islamic Medicine', 139 n. 23). Cf. Ibn Qayyim al-Jawziya, *at-Ṭibb an-nabawī*, 320–30.

in illness by the ordinary doctor 'who has not entered the *bīmāristān* [hospital] and has not seen how the staff treat the sick—pacifying the nerves of some and busying the minds of others, directing their anxieties and entertaining them with song and other things, exciting some of them by abuse and scorn and stirring their souls'.¹⁴¹

The doctors freely admitted that events or circumstances evoked psychic conditions; as one of the six 'non-naturals', personal circumstances were important determinants of health and illness. Emotional states were, thus, able to influence directly the qualities in the body. Like food or drink, emotional states, such as happiness or anger, could be induced in a patient to counteract a humoral imbalance or physical condition. An illustration of this idea is the story of 'Isā, the adviser to Hārūn ar-Rashīd, who suffered from obesity; he did not obey his diet and the remedies did not help his condition. The caliph approved of the scheme of his court physician Abū Quraysh, who announced to 'Isā that his illness was incurable and he would live only a few more weeks. The adviser was so frightened that he lost the weight within a few weeks.¹⁴² Ibn Sīnā said bluntly in one of his works that grief is useful for those who want to lose weight.¹⁴³ Psychological states were also signs of physical illness. Thus, personal circumstances could greatly influence bodily changes or be symptoms of such changes, but the mind could not create *sui generis* its own illness. Medical experience with the insane may have worked strongly against purely psychological interpretations of insanity because of the failure, if not impossibility, of dialogue with the patient, while immediate success in the use of powerful drugs or physical restraint to control violent behaviour might reinforce the somatic view. Moreover, modern psychotherapy or talk therapy could not exist where there was no cogent theoretical basis for such practice, and there was none. Consequently, there is very little evidence that there was any dramatic change in the medical treatment of the disturbed beyond what was practised in antiquity, but a greater scope appears to have been allowed by physicians, such as Ibn Bakhtīshu', for psychological factors in the determination of health and illness.

The belief that the mind exerted considerable influence on the body is well exemplified by a work of the physician Badr ad-Dīn al-Muzaffar ibn Qāḍī Ba'albakk. He was a contemporary of Ibn Abī Uṣaybi'a, who

¹⁴¹ Fos. 74^{r-v} in F. Klein-Franke, ed. and trans., *Über die Heilung der Krankheiten der Seele und des Körpers* (Recherches, ns B, Orient chrétien, 4; Beirut, 1977); see also his *Vorlesungen über die Medizin im Islam*, ch. 7.

¹⁴² Quoted in Bürgel, 'Psychosomatic Methods', 170.

¹⁴³ Ibn Sīnā, *Poème de la médecine*, ed. and trans. Henri Jahier and Abdelkader Noureddine (Paris, 1956), 25.

praised his friend highly in his biographical dictionary of doctors; they had studied in a medical school under the same physician in Damascus. As a young man, Badr ad-Dīn held a position at the hospital in ar-Raqqā, about which he wrote a tract concerning the city's influence on health, similar to Ibn Riḍwān's earlier work on Cairo.¹⁴⁴ Subsequently, he became one of the leading doctors in thirteenth-century Syria. In 635/1238, Badr ad-Dīn entered the service of the Ayyūbid court in Damascus, where he held a position at the Nūrī Hospital, and he was made chief of all the doctors, oculists, and surgeons, an appointment which was renewed ten years later. Apparently, he did much to improve the health services in the Syrian capital. Ibn Abī Uṣaybi'a tells us that he bought up, with great difficulty and at considerable personal expense, the houses that surrounded the Nūr ad-Dīn Hospital and annexed them to the hospital complex, increasing the wards for the sick and furnishing them. He was also a pious Muslim who studied the religious sciences and was remarkable for his ability to memorize large quantities of material. Besides the book on the climate of ar-Raqqā, he wrote a work entitled *al-Mulāḥ fi ṭ-tibb*, a compilation drawn primarily from Galen, and the *Mufarriḥ an-naḥs*.

The *Mufarriḥ an-naḥs* is a guide to innocent pleasures that improve one's well-being. It is divided into ten chapters; they deal with the soul, the pleasures that are transmitted to the soul by the five senses, antidepressant drugs, nourishment, bodily movement, and the intellectual pleasures. The soul is equated with the self; it is not identified with the body but is related to it in an undefined way. The different senses act on the soul. God has created for each sense circumstances whose perception gladdens the soul as well as other circumstances whose perception saddens and damages it. It is, therefore, the duty of men to cause the delightful perceptions to predominate. The noble and pure soul is able to exert its power over the body. In this regard and in Badr ad-Dīn's discussion of bodily movements, his adherence to sufism becomes evident. The author is primarily interested in the stimulants that ameliorate one's state of mind, and he is well aware of the relevant literature. He gives a large number of simple and compound drugs with recipes for their preparation. Yet, the author appears unaware of the substantial body of medical literature on the psychosomatic aspect of health and illness, such as ar-Rāzī's *aṭ-Ṭibb ar-rūḥānī*. Despite the shortcomings of the treatise, Badr ad-Dīn promoted the ideal of a well-balanced, moderate way of life. The detailed exposition of antidepressants

¹⁴⁴ See *MIM*.

may reflect a need for such medication. Muẓaffar himself confirms this in his section on opium, where he asserts that on countless occasions he had successfully treated those suffering from melancholia and severe depression with this drug.¹⁴⁵

There are a number of anecdotes about famous doctors and their clever treatments of the insane, but it is very unlikely that they reflect actual practice; although amusing, the stories usually imply that ordinary medical treatment was futile. As with the famous doctors of antiquity, medieval Islamic doctors became the subject of edifying legends and miraculous healing; indeed, many stories about Galen reappear in the Middle Ages but are attributed to wise Muslim physicians. Ibn Sinā, especially, became virtually the patron saint of health and healing, even the medieval Asclepios. For example, Evliyâ Chelebi, the famous seventeenth-century Ottoman traveller, visited the Citadel in Cairo and saw the magical formulae for curing illnesses that were inscribed on the columns. 'On one column', he says, 'there is a plague *vefik* [talisman]. They say it belongs to Abū 'Alī ibn Sinā.' And slightly later, he even attributed the medieval importation of the Persian type of ventilators or wind-catchers, which were placed on the tops of most Cairene houses, to Ibn Sinā.¹⁴⁶

Edward Browne, a pioneer in the study of the history of Islamic medicine, called attention to the entertaining, quasi-historical stories of doctors in non-medical Islamic literature. One branch of literature, treatises on statecraft, has yielded information about the practice of medicine. Browne studied one such work, the *Chahār Maqāla*, and has made its stories well known through his translation of the text¹⁴⁷ and his discussion of this work in his published lectures on Islamic medicine.¹⁴⁸ The *Four Discourses* was composed about AD 1155 in Persia by a court-poet of Samarqand named Niẓāmī-i-'Arūḍī. The author discusses four classes of experts that he considered to be indispensable to a princely court: secretaries, poets, astrologers, and physicians. It was essential to have men to conduct the business of kings, to record their triumphs, to advise them on the propitious times for their deeds, and to maintain their health and happiness. Each discourse treats one of these occupations; after a preliminary discussion of the necessary qualifications, the author gives a number of anecdotes that illustrate his point of view. Browne

¹⁴⁵ Bürgel, 'Der Mufarriḥ', 201–12.

¹⁴⁶ Leiser and Dols, 'Evliyâ Chelebi's Description of Medicine', *Sudhoffs Archiv*, 71 (Weisbaden, 1987), 200, 202.

¹⁴⁷ 'The "Chahār Maqāla" ("Four Discourses") of Niẓāmī-i-'Arūḍī-i-Samarqandī', *Journal of the Royal Asiatic Society* (July and Oct. 1899), 613–63, 757–845.

¹⁴⁸ *Arabian Medicine* (Cambridge, 1921; repr. 1962), 79–91.

suggests that these stories have special value because they are largely taken from the author's experience. The last discourse concerns the physicians and begins by describing the ideal doctor. He should be of tender disposition, a pious Muslim, and an acute observer, so that with the aid of the pulse and uroscopy, he can properly deduce the diagnosis. Niẓāmī-i-'Arūḍī, then, gives a list of medical books that a physician should read but concludes that the *Qānūn* of Ibn Sīnā would be sufficient. Indeed, Ibn Sīnā is esteemed so highly that he is ranked second only to Aristotle. 'He who finds fault with these two great men will have cast himself out from the company of the wise, ranked himself with madmen, and proved himself to be of the number of those who lack intelligence.'¹⁴⁹

Subsequently, there are ten stories of physicians. Several of these stories passed into general Persian literature and became very well known. Browne has observed that 'elementary methods' of psychotherapy are used in four of these narratives. In two of the four, anger and shame are employed by the doctor to treat cases of rheumatic affections of the joints. In both these cases it should be noted that, aside from the cleverness of the doctor in evoking these emotions and hence the cures, the emotions are understood physiologically: shame and anger dissolved the rheumatic humour.¹⁵⁰ Christoph Bürgel has suggested that this use of shock or shame-therapy originated with Islamic doctors.¹⁵¹ The third instance of healing by psychological methods is the familiar story of the doctor's diagnosing the lovesick by the pulse. Finally, the fourth case is an anecdote about Ibn Sīnā and a very disturbed patient, although the condition is referred to as 'melancholia'. It deserves to be quoted in full:

Melancholia is a disease which physicians often fail to treat successfully, for, though all melancholic diseases are chronic, melancholia is a pathological condition which is [especially] slow to pass.

¹⁴⁹ Browne, *Chahār Maqāla*, 817.

¹⁵⁰ Ibid. 820, 823.

¹⁵¹ Bürgel, 'Psychosomatic Methods', 170-1. Bürgel relates two stories from Ibn Abī Uṣaybi'a on this theme: the curing of the hiccups of Zubayda, mother of the Barmakid Ja'far ibn Yaḥyā, and the healing of the woman with a paralysed arm by the shame that the physician evoked in her; the second is given in the *Chahār Maqāla* but without the historical details. It is possible that in cases of hysterical paralysis such tactics might be effective but not as a general principle of therapy. In the second case, the doctor, ar-Rāzī, declared to the king whom he was treating: 'According to agreement this servant treated his master, doing all that was possible. There was, however, an extreme weakness in the natural caloric, and the treatment of the disease by ordinary means would have been a protracted affair. I therefore abandoned it, and carried you to the hot bath for psychical treatment [*'ilāj-i-nafsānī*], and administered a draught, and left you so long as to bring about a maturity of the humours. Then I angered the king, so that an increase in the natural caloric was produced, and it gained strength until those humours, already softened, were dissolved.'

Abu l-Ḥasan b. Yaḥyā, in his work entitled the 'Hippocratic Therapeutics' (*Mu'ālaja-i-Buqrātī*), a book the like of which hath been composed by no one on the Art of Medicine, hath reckoned up the leaders of thought, sages, physicians, scholars and philosophers who have been afflicted by this disease, for there were many of them; and he continues thus:—

'My master Abū Ja'far b. Muḥammad Abū Sa'd al-Nashawī, commonly known as Ṣarakh, related to me,' says he, 'on the authority of the Imām Shaykh Muḥammad b. al-'Aqīl al-Qazwīnī, on the authority of the Amīr Fakhr al-Dawla Kālīnjar the Buwayhid, that one of the princes of the House of Buwayh was attacked by melancholia, and was in such wise affected by the disease that he imagined himself to have been transformed into a cow. Every day he would low like a cow, causing annoyance to everyone, and saying, "Kill me, so that a good stew may be prepared from my flesh"; until matters reached such a pass that he would eat nothing, and the physicians were unable to do him any good.

'Now at this juncture Abū 'Alī (Avicenna) was prime minister, and the king 'Alā'u d-Dawla Muḥammad b. Washmgīr had the fullest confidence in him, and had entrusted into his hands all the affairs of the kingdom, and placed under his judgment and discretion all matters. And, indeed, since Alexander the Great, whose minister was Aristotle, no king had such a minister as Abū 'Alī. And during the time that he was minister, he used to rise up every morning before dawn and write a couple of pages of the *Shifā*.¹⁵² Then, when the true dawn appeared, he used to give audience to his disciples, such as Kiyā Ra'īs Bahmanyār, Abū Maṣṣūr Zīla, 'Abdu 'l-Wāḥid Jurjānī, Sulayman of Damascus, and me, Abū Kālīngār. We used to continue our studies till the morning grew bright, and then perform our prayers behind him; and as soon as he came forth he was met at the gate of his house by a thousand mounted men, comprising the dignitaries and notables, as well as such as had boons to crave, or were in difficulties. Then the minister would mount, and this company would attend him to the Government Offices. By the time he arrived there, the number of horsemen had reached two thousand. And there he would remain until the morning prayer, and when he retired for refreshment all that company ate with him. Then he took his midday siesta, and when he rose from this he would perform his prayer, wait on the King, and remain talking and conversing with him until the next prayer; and in all matters of importance there was no third person between him and the King.

'Our object in narrating these details is to show that the minister had no leisure time. Now when the physicians proved unable to cure this young man, the King's intercession was sought, so that he might bid his minister take the case in hand. So 'Alā'u d-Dawla spoke to him to this effect, and he consented. Then said he "Good tidings to the patient, for the butcher has come to kill him!" When the patient heard this, he rejoiced. Then the minister mounted his horse, and came with his retinue to the gate of the patient's house. Taking a knife in his

¹⁵² Ibn Sīnā's major philosophical work: *ash-Shifā*, ed. Ibrāhīm Madkūr *et al.* (Cairo, 1952-3).

hand, he entered with two attendants, saying, "Where is this cow, that I may kill it?" The patient made a noise like a cow, meaning, "He is here." The minister bade them bind him hand and foot in the middle of the house. The patient ran forward into the middle of the house and lay down on his right side, and they bound his hands and feet firmly, and Abū 'Alī then came forward, rubbing the knives together, sat down, and placed his hand on his side, as is the custom of butchers. "He is very lean," said he, "and not fit to be killed: he must eat fodder until he gets fat." Then he rose up and came out, having bidden them loose his hands and feet, and place food before him, saying, "Eat, so that thou mayst grow fat." They did so, and he ate, and recovered his appetite, after which they administered to him drugs and draughts. "This cow," said Abū 'Alī, "must be well fattened"; so the patient ate in the hope that he might grow fat and they might kill him; while the physicians applied themselves vigorously to treating him as the minister had indicated, and in a month's time he completely recovered.¹⁵³

All wise men will perceive that one cannot heal by such methods of treatment save by virtue of extreme excellence, perfect science, and unerring acumen.¹⁵³

There are elements of truth to this story. Its source is well known; Abū l-Ḥasan Aḥmad ibn Muḥammad aṭ-Ṭabarī at-Tarunjī (d. last quarter of 10th cent.) wrote the *Kitāb al-Mu'ālajāt al-buqrāṭīya*, a comprehensive medical textbook in ten parts.¹⁵⁴ Ibn Sīnā did serve a number of princes, including the Kākūyid prince 'Alā' ad-Dawla Muḥammad ibn Dushmanziyār, who ruled in western Persia from AD 1008 to 1041, during the decline of the Būyid dynasty. 'Alā' ad-Dawla established his capital at Iṣfahān and created a splendid court. Ibn Sīnā spent the last fourteen years of his life at this court and served as the prince's vizier; Ibn Sīnā died at Hamadān, during an expedition of 'Alā' d-Dawla, in AD 1037.

The context of the story is a familiar one from antiquity—that intellectuals were frequent prey to melancholia. Generally, the story does reflect the daily routine of a minister-physician at a medieval court and the traditional type of medical education. The narrative also attests to the fact that there were usually a number of aulic physicians to care for the members of a princely family; the deluded prince was looked after by the doctors and generally mollified by the family and attendants. Significantly, the decision about medical treatment was made by the head of the family. The delusion of the young prince was not unusual compared to the reports of deluded patients in the medical books from the time of Rufus and Galen; the report of Ibn Sīnā's treatment of his bovine patient was, therefore, not atypical. But the story is hardly

¹⁵³ Browne, *Chahār Maqāla*, 831–44.

¹⁵⁴ GAL, i. 237; MI, 140.

credible, and Ibn Sīnā never mentions it in his writings on melancholia-mania. The doctor's participation in a madman's delusion was certainly amusing and often clever, but it is questionable whether it was a means of effective therapy.

Ibn Abī Uṣaybi'a, who wrote a biographical dictionary of doctors, tells a similar story about Ibn Malkā, who treated a man who believed that he carried a precious vase on his head and feared its being knocked off. Accepting the man's delusion, Ibn Malkā arranged to have his assistant throw a similar vase down from the roof at the appropriate moment. When the patient arrived, the doctor had another assistant threaten the man with a lath, pretending to knock down the imaginary vase from the patient's head. At the same time, the first assistant threw down the real vase, and the patient was shocked and believed it was his vase. The author concludes: 'The illusion [*wahm*] had such an effect that he was cured of his illness.'¹⁵⁵ Ibn Abī Uṣaybi'a also mentions that he had written a book on this manner of healing patients with hallucinations, but the book has not survived.¹⁵⁶

Christoph Būrgel has emphasized the element of suggestion in the treatment of physical maladies as well as in the treatment of the deluded. For example, al-Mas'ūdī tells the story of an anonymous physician who treated Faḍl ibn Yaḥyā ibn Khālīd, the son of the famous Barmakid wazīr under Hārūn ar-Rāshīd; who had almost died from an arbitrary punishment inflicted upon him by the caliph, which was two hundred lashes. The physician, fearful of the dangerous condition of Faḍl, assured him that there were only fifty lash-marks on his body. When the courtier had recovered, the doctor admitted to him that he had lied for psychological reasons.¹⁵⁷ Other stories illustrate the same point, that the patient's frame of mind greatly influences healing. Another story told by Ibn Abī Uṣaybi'a concerns a travelling merchant who was bitten by a venomous snake while he slept, but he was persuaded by his companion that it was a thorn, and the pain ceased. When the merchant discovered that it was a snake-bite, he lost consciousness and died. Ibn Abī Uṣaybi'a explains the phenomenon physiologically by saying: 'The reason was that imagination [*awḥām*] and mental sensations [*aḥdāth*] exerted a strong influence on the body. After realizing that the injury he had received was a snake-bite, the man was so impressed by this idea that the remainder of the venom still in that spot started to flow through the body. When it reached the heart, it killed him.'¹⁵⁸

¹⁵⁵ Quoted in Būrgel, 'Psychosomatic Methods', 165.

¹⁵⁷ Ibid. 167.

¹⁵⁶ Ibid.

¹⁵⁸ Quoted ibid. 168.

In a more positive vein, it was commonly acknowledged—and was a useful bridge between religion and medicine—that religious faith generally and prayers and incantations in particular were advantageous in healing the sick. This point of view is fundamental to Prophetic medicine. The fifteenth-century scholar as-Suyūṭī wrote a work on this topic; commenting on the saying of Muḥammad that advocated prayer against stomach-ache, for example, he stated:

First there is the divine command to worship. Secondly there is the psychological aspect, i.e. the sufferer will forget his pain in his prayer so that his feeling of pain will grow less and so finally his strength will overthrow the pain and cast it out. And thirdly it teaches that the best doctor is he who uses all manner of guile to strengthen the faculties. At one moment he will give strength by food, at another by setting in motion joy and grief or even hope and fear. But prayer is the best of them all.¹⁵⁹

The power of suggestion was also shared by other practitioners; it helps to explain the popularity of quacks and the success of magicians. This power was well recognized by medieval physicians, who were also surely aware of what we would today call psychosomatic illnesses and the effectiveness of placebos. The ninth-century physician Ibn Rabbān at-Ṭabarī gave many kinds of magical and religious prescriptions in his textbook; in his discussion of Egyptian talismans, he says that their efficacy was due to illusion (*wahm*) and that only the *mutawahhim*, or someone who truly believed in the illusion, would profit from such remedies.¹⁶⁰

The beneficial effects of music for healing had been widely acknowledged since antiquity. According to Ibn Abī Uṣaybi'a, the first medical men were the inventors of the reed-pipe in Phrygia and Mysia, who healed the body and soul by their playing.¹⁶¹ The Greek medical texts recommended music, and despite orthodox Muslim aversion towards music and dancing, such activities were recommended in the Islamic medical texts.¹⁶² Most of the Islamic medical writers recommended music, especially for melancholia; for example, Ishāq ibn 'Imrān clearly advocated music and dance as treatments for melancholics.¹⁶³

¹⁵⁹ Elgood, 'Tibb-ul-Nabbi or Medicine of the Prophet', 157–8; quoted in Bürgel, 'Psychosomatic Methods', 169.

¹⁶⁰ Quoted in Bürgel, 'Psychosomatic Methods', 169.

¹⁶¹ Ibid. 163; Franz Rosenthal, 'An Ancient Commentary on the Hippocratic Oath', *BHM*, 30 (1956), 57.

¹⁶² See Werner F. Kümmel, *Musik und Medizin: Ihre Wechselbeziehungen in Theorie und Praxis von 800 bis 1800* (Munich, 1977), 279, 291.

¹⁶³ 'Imrān, pp. 102b–103a.

In an introductory work for medical students, dealing with the theoretical bases of medicine, called *Miftāḥ at-ṭibb*, or *The Key of Medicine*,¹⁶⁴ Ibn Hindū (d. AD 1019 or 1029) devotes one chapter to an enumeration of what a well-trained doctor should know of the sciences: one of these was the therapeutic use of music. This recommendation is particularly interesting because, in this chapter, Ibn Hindū refutes the commonly accepted view of Galen that a doctor should be a philosopher, except for a knowledge of logic, astrology,¹⁶⁵ and moral philosophy. Ibn Hindū cannot deny the practical effects of music, but he dismisses the recondite, philosophic aspects of music that the Ancients had attributed to music therapy. This pragmatic view of music is consistent with Ibn Hindū's empirical approach to medicine generally.¹⁶⁶ Ibn Hindū asserts that, even if the subtleties of the ancient science of music by which the philosophers healed were lost to us, its effects are still evident.

We know in a general manner that there is a sort of melody, a way of trumpeting, a kind of tone in wind-instrument, and a rhythm that evoke sadness and that there is another type that evokes joy; one that quiets and calms while another that disquiets and oppresses; one that causes sleeplessness while another that is soporific. Besides, we often prescribe for melancholics the use of musical modes that are fitting and beneficial. This does not mean, however, that the doctor himself should play the trumpet or wind-instrument and dance. Rather, medicine has many helpers, such as the pharmacist, the bloodletter, and the cupper; medicine is served by them and entrusts them with all these works. It is the same with the musician, whom one asks for help in these circumstances. Most arts are based on the same principle. Indeed, the cavalryman is not expected to make his own saddle and bridle but employs the help of the saddler; the scribe is not expected to make his own ink and paper, and the goldsmith does not need to make his own mallets and bellows. Without the help of others, the life of a single man would be too short to master an art and to make progress in a science or a craft.¹⁶⁷

¹⁶⁴ *MI*, 152.

¹⁶⁵ Astrology was, for many doctors, the theoretical basis of their art, especially with regard to prognostication and the timing of prescribed treatment. See Felix Klein-Franke, *Iatro-mathematics in Islam: A Study on Yuhanna Ibn al-ʿSālī's Book on 'Astrological Medicine', Edited for the First Time* (Texte und Studien zur Orientalistik, 3; Hildesheim, 1984), 19, 61.

¹⁶⁶ Amnon Shiloah, 'Ibn Hindū, le médecin et la musique', *Israel Oriental Studies*, 2 (1972), 447-62.

¹⁶⁷ *Ibid.* 460-1, fos. 28a-28b. See also Bürgel, 'Psychosomatic Methods', 163; idem, 'Zur Musiktherapie im arabischen Mittelalter', in *Festschrift Arnold Geering*, ed. Victor Ravizza (Berne-Stuttgart, 1972), 243-4. In the latter article, Bürgel mentions (p. 242) two Arabic medical manuscripts that contain information about the therapeutic use of music: (1) the 9th-cent. work by Ibn al-Balchi entitled *Kitāb Masālih al-abdān wa l-anfūs* ('Book on the Care of the Body and Soul'), in the first section of which the author discusses the influence of music on the health of the body; and (2) a 13th-cent. psychotherapeutic vade-mecum (including the listening to music and its effects on the body), which is discussed in his 'Der Mufarriḥ an-nafs des Ibn Qāḍī Ba'albakk, ein Lehrbuch der Psychohygiene aus dem 7. Jahrhundert der Hira'.

Despite Ibn Hindū's scepticism about music theory, the science was not lost, and music was widely associated in his time with esoteric theories of the universe, as in antiquity. The theoretical interpretations of music in Islamic society were complex, but they can generally be considered under two headings, religious and learned. The spiritual or subjective aspect of music was closely associated with religion, especially sufism, as a means of revelation, and it became an important part of sufi rituals in the later Middle Ages.¹⁶⁸ On the other hand, the objective view of music comprised a number of overlapping notions that were inherited from antiquity, the most prominent being Pythagorean. Aside from the consideration of music as a mechanical process, music was believed by many to express the harmony of the perfect celestial order. Moreover, this heavenly sphere directly influenced the sublunary world, and its music directly affected the human soul. The Egyptian sultan al-Ḥāfiẓ (526/1131–544/1146) is said to have had his court physician make a special drum whose notes were supposed to cure his illness; seven different metals were welded together at an astrologically propitious moment to ensure its therapeutic efficacy. The drum, incidentally, survived until the reign of Saladin, when it was accidentally broken by one of his soldiers.¹⁶⁹

Islamic philosophers and physicians inherited from the Greeks the doctrine of *ethos* or 'influence' (*ta'thīr* in Arabic) of music on the soul and body. This notion is well expressed in the pseudo-Aristotelian *Kitāb as-Siyāsa*, which is said to have been written by Aristotle for his pupil Alexander the Great. It was supposedly translated from a Greek or Syriac source by Yaḥyā ibn Bīṭrīq (d. AD 815); it was translated into Latin in the twelfth century as the *Secretum Secretorum* and was popular in the later Middle Ages. The pertinent passage reads as follows:

And now that I have finished describing physical remedies, I am going to mention spiritual ones. Know, that mental diseases are also amenable to treatment. But their treatment is carried out by means of musical instruments which convey to the soul through the sense of hearing, the harmonious sounds which are created by the motions and contacts of the heavenly spheres in their natural motion, which affect the right perceptions.

And when those harmonies are interpreted in human language they give rise to music which is pleasing to the human soul, because the harmony of the heavenly spheres is represented in man by the harmony of his own elements, which is the principle of life. Hence, when the harmony of earthly music is

¹⁶⁸ See Henry G. Farmer, *A History of Arabian Music to the XIIIth Century* (London, 1929), 35 f., 194.

¹⁶⁹ Ibid. 192.

perfect or, in other words, approaches the nearest to the harmony of the spheres, the human soul is stirred up and becomes joyful and strong.¹⁷⁰

This medico-musical tradition became well entrenched in Islamic society. For some, music therapy could be traced back to David's healing Saul with music; according to the Qur'ān, birds and mountains joined David in song (Qur'ān 21: 79–80; 34: 10; 38: 17). For others, it was a scientific discipline. Music was an object of study particularly by Islamic philosophers, such as al-Kindī (d. c. AD 874), who took a keen interest in all the aspects of music. Al-Kindī developed considerably the ancient concept of *ethos*; the four strings of the lute and the rhythmic modes were linked in a comprehensive fashion with the zodiac, the four elements, the four humours, the seasons, the faculties of the soul, personal traits, colours, perfumes, the time of day, and so forth. Concerning its therapeutic value, al-Kindī integrated music thoroughly with the humoral theory; all notes, melodies, and rhythms had a humoral value. He greatly influenced Jewish writers on music, and the doctrine of the *ethos* became a therapeutic tool among Jews.¹⁷¹ Ibn 'Aqnūn (d. AD 1226), a disciple of Maimonides, placed the practice of music before its theoretical consideration, like Ibn Hindū, because 'its healing power cannot show itself except by its actual performance'.¹⁷² Furthermore, Ibn 'Aqnūn stated: 'Music . . . has become a remedy against sickness of the soul and one of its most important cures.'¹⁷³

With regard to the humoral theory, Islamic writers appear to have gone far beyond the original Greek idea of the effects of music on the individual. 'The Greeks . . . asserted a close relationship between music and medicine, ascribing to music a distinctly therapeutic effect both upon body and upon soul. But, while Plato, Aristotle, and the Neo-Platonists were content to state the fact, explaining it by the cathartic and sedative influence of the musical art, the Arabic and the Jewish philosophers went boldly and almost materialistically into physiological details.'¹⁷⁴ As we have seen in other areas, the humoral theory was greatly extended by Islamic writers to explain the influence of music on the body and to make music a part of its allopathic system of

¹⁷⁰ Quoted in Farmer, *The Influence of Music: From Arabic Sources. A Lecture Delivered before the Musical Association, London, 27th April, 1926* (London, 1926), 95–6; see also Kümmel, *Musik und Medizin*, 269.

¹⁷¹ Eric Werner and Isaiah Sonne, 'The Philosophy and Theory of Music in Judaeo-Arabic Literature', *Hebrew Union College Annual*, 16 (1941), 251–319, and 17 (1942), 513–73.

¹⁷² Ibid. 16 (1941), 255. Maimonides is well known for his opposition to music, except for religious and medical purposes; on the latter, see *ibid.* 315.

¹⁷³ Henry G. Farmer, *Sa'adyah Gaon on the Influence of Music* (London, 1943), 6.

¹⁷⁴ Werner and Sonne, 'The Philosophy and Theory of Music', 16 (1941), 273.

treatment.¹⁷⁵ Thus, like all things organic and inorganic, music was distinguished by its qualities. In his treatise on the hygiene of the soul, Badr ad-Dīn al-Muẓaffar ibn Qāḍyī Ba'albakk listed twelve kinds of sounds that are ranked according to the responses that they evoke and by their qualities.¹⁷⁶

The relationship between music, one's temperament and hospitals is emphasized, unexpectedly, in an early exposition of sufism. In his *Kashf al-mahjūb*, al-Hujwīrī (d. c. AD 1072–7), a revered Persian mystic, discussed audition (*samā'*) or listening to music and its influence on the neophyte. He took a moderate position on this sufi practice, warning that audition was an influence (*wārid*) from God, which could be overwhelming. The temperament of the beginner was not usually capable of bearing it without losing his senses or even dying. Thus, the agitation of the initiates, when the divine influence descended on them, was because their bodies were opposed to it, but when they became adepts, they could receive it quietly. To make his point, al-Hujwīrī gives the following illustration:

It is well known that in the hospitals of Rūm they have invented a wonderful thing which they call *angalyūn* [*euaggelion*]; the Greeks call anything that is very marvellous by this name, e.g. the Gospel and the books (*wad'*) of Mānī (Manes). The word signifies 'promulgation of a decree' (*iẓhār-i ḥukm*). This *angalyūn* resembles a stringed musical instrument (*rūdī az rūdhā*). The sick are brought to it two days a week and are forced to listen, while it is being played on, for a length of time proportionate to the malady for which they suffer; then they are taken away. If it is desired to kill anyone, he is kept there for a longer period, until he dies. . . . Physicians and others may listen continually to the *angalyūn* without being affected in any way, because it is consistent with their temperament.¹⁷⁷

It is unclear what this wonderful instrument was, but al-Hujwīrī's example assumes an awareness of Byzantine hospitals, even though he wrote this treatise in Lahore. It is natural to find that music was also employed in Islamic hospitals as a form of therapy, especially because of their care of the insane. The earliest report of this method of treatment in Islamic hospitals is apparently in the *Rasā'il*, or Epistles, of the tenth-century Ikhwān aṣ-Ṣafā', who tried to integrate the Greek sciences into

¹⁷⁵ Werner and Sonne, 'The Philosophy and Theory of Music', 16 (1941), 274–6; Eric Werner, 'Greek Ideas on Music in Judeo-Arabic Literature', in *The Commonwealth of Music in Honor of Curt Sachs*, ed. Gustave Reese and Rose Brandel (New York–London, 1965), 78 ff.

¹⁷⁶ Brügel, 'Der Mufarriḥ', 205.

¹⁷⁷ Al-Hujwīrī, *Kashf al-mahjūb*, trans. R. A. Nicholson (E. J. W. Gibb Memorial Series, 17; London, 1911), 407–8.

Islamic culture.¹⁷⁸ The disquisition on music presents most of the themes of the learned tradition. According to one Epistle, the philosophers have created melodies for various purposes; of these, 'they have also devised another type of melody that they employ in the hospitals from daybreak. It has the virtue of relieving the suffering from infirmities and the pains that the patient endures, of destroying their violence, and of healing even some illnesses and infirmities.' There are numerous instances in ancient and medieval literature in which the mentally disturbed are pacified by music. An allusion to the power of music to calm the distraught is found in the following lines of Persian poetry that are cited in the Epistles:

Oh! Before the dawn, the plaintive sound of the *zîr* [the highest string of stringed instruments] is more agreeable to my ears than the *takbîr* [the call to prayer] . . .

You should not be astonished if the plaint of the *zîr* attracts the wild animals of the desert . . .

Sometimes it restores the senses to the mad; sometimes it enchains the sane.¹⁷⁹

Musical performances were often given at the Manşûrî Hospital in Cairo; one of the designated expenditures was for troupes of musicians to come each day and entertain the patients.¹⁸⁰ During the Ottoman period, the older hospitals continued to employ music, and the Turkish ones were remarkable for continuing the practice. Evilyâ Chelebi visited the Nûr an-Dîn Hospital in AD 1648, and he reported that concerts were given three times a day; he also noted that the treatments of the insane patients were recorded by the chief physician.¹⁸¹ Similarly, the French traveller Jean Baptiste Tavernier visited the imperial capital in AD 1668 and later wrote an account of the Seraglio. On the right-hand side of the first court of the palace was a large structure that housed the infirmary for the whole complex.¹⁸² It was under the supervision of a eunuch, who had a large staff to operate the establishment. There were two principal physicians and two surgeons, who visited the hospital every day at specific hours. Tavernier remarks that it was well ordered and regulated,

¹⁷⁸ See *EI2*, s.v. 'Ikhwân al-Şaf' (Y. Marquet).

¹⁷⁹ Amnon Shiloah, 'L'Épître sur la musique de Ikhwân al-Şafâ', *Revue des études islamiques*, 32 (1964), 132 (see also p. 162); 34 (1966), 186-7. See also Farmer, *The Influence of Music*, 104; idem, *A History*, 197; Hans Hickmann and Wilhelm Stander, *Orientalische Musik (Handbuch der Orientalistik)*, pt. 1, suppl. vol. iv; Leiden-Cologne, 1970), 41 f.

¹⁸⁰ Marcel, 'Précis historique', 150; Stanley Lane-Poole, *History of Egypt in the Middle Ages* (London, 1901), 284.

¹⁸¹ *Seyâhatnâmesi*, xiii (Istanbul, 1971), 268.

¹⁸² Jean B. Tavernier, *A New Relation of the Inner-Part of the Grand Seignior's Seraglio* (London, 1677), 22-3.

and the grand seignior sometimes visited the sick and enquired about their treatment: whether the physicians attended to them and whether the staff looked after their needs. The hospital was apparently always full; Tavernier avers that many came there, under various pretences, in order to enjoy the greater freedom. 'They continue there for the space of ten or twelve daies, and are diverted, according to their mode, with a wretched kind of vocal and instrumental Musick, which begins betimes in the morning, and holds on till night.' A greater inducement than the music, according to Tavernier, was the opportunity to drink wine, which was not permitted elsewhere, but was apparently allowed in the infirmary under the guise of its medicinal value. The wine was often smuggled in by individuals from the adjoining garden. Another reason for feigning illness and resorting to the hospital was the opportunity for liaisons between the janizaries and boys who were smuggled into the palace by the servants.¹⁸³

It appears that other forms of diversion had also been employed in the hospital, such as dancing, theatrical performances, and recitations. In the Maṣṣūrī Hospital in Cairo, the patients suffering from insomnia were placed in a separate hall; they listened to harmonious music, and skilled story-tellers recited their tales to them. When the patients began to recover their sanity, they were isolated from the others, and dancing and various sorts of comedies were staged for their benefit. When they left the hospital, the patients were given five gold pieces, so that they were not obliged immediately to undertake laborious work.¹⁸⁴ Leonhart Rauwolff tells us that during his visit to Jerusalem in AD 1575 the muezzins would sing out about five o'clock in the evening, and sometimes they would prolong the call to prayer because it heartened those who were sick.¹⁸⁵

There was, moreover, much attention to surroundings that would improve the patient's frame of mind. The hospitals, despite the cells for the insane, were usually spacious, monumental structures with fountains and gardens. Evidence of these various aspects of the Islamic asylum is found in Evliyâ Chelebi's description of the mental hospital that was founded in Edirne (Adrianople) by Bayezid II (AD 1481-1512); Evliyâ visited it in AD 1651. To the right of the Bayezid Mosque was an insane asylum, as well as a medical school, in a beautiful garden. The asylum was a massive domed structure; the winter rooms looked out on to the rose-garden and inward to the fountain and pool.

¹⁸³ Jean B. Tavernier, *A New Relation of the Inner-Part of the Grand Seignior's Seraglio* (London, 1677), 22-3.

¹⁸⁴ See Jomard, *Description de l'Égypte: État moderne*, ii: 2 (Paris, 1822), 673-4.

¹⁸⁵ *A Collection of Curious Travels and Voyages*, i. 306.

Some rooms are heated in the winter according to the nature of the sick; they lay in beds provided with ample blankets and rest themselves on silk pillows, and moan and groan. In the spring, at the time of madness, those from the city who are lovesick and melancholic are put into some of the rooms. Those brought to the asylum by the police are restrained and fettered by gilded and silver chains around their necks. Each one roars and sleeps like a lion in his lair. Some fix their eyes on the pool and fountain and repeat words like a begging derwish. And some doze in the rosegarden, grape orchards and fruit orchards . . . and sing with the unmelodious voices of the mad.¹⁸⁶

According to Evliyâ Chelebi, there was a provision in the endowment of Bayezid's hospital in Edirne for three singers and seven musicians (a flutist, a violinist, a flageolet-player, a cymbalist, a harpist, a harp-cymbal-player, and a lutenist) who were to visit the hospital three times a week. They played six different melodies, and many of the insane were reported to have been relieved by this 'nourishment of the soul'. The inmates were also carefully fed according to the doctors' instructions, and two days a week the pharmacy of the asylum was opened to all the sick of the city, who received drugs and potions for free.

In his very informative report of this hospital, Evliyâ mentions another type of psychic treatment: in the spring—when psychic disorders were expected to occur and, indeed, seem to have been most common—flowers were dispersed as a type of olfactory therapy, but many of the patients ate the flowers or trampled on them. Scents were believed to rise directly to the brain and affect it more than any other organ. Violets, in various forms, are frequently mentioned in the medical texts, as we have seen, because their temperament was cool and moist, the opposite qualities of yellow bile.

Similarly, in the Manşûrî Hospital in Cairo, care was taken about the quality of the air and about scenting it with herbs; immense fans called *pankas* were used to circulate the air,¹⁸⁷ and the floors were covered with branches of henna, pomegranate, mastic, and fragrant vines. The famous balsam from Heliopolis was reserved for this hospital and for the medication of the patients.¹⁸⁸

¹⁸⁶ See J. E. Staehelin, 'Zur Geschichte der Psychiatrie des Islam', *Schweizerische medizinische Wochenschrift*, 87 (1957), 1152–3; see also A. Süheyl Ünver, 'Four Medical Vignettes from Turkey', *International Record of Medicine*, 171 (1958), 52–7.

¹⁸⁷ Fans for the hot weather were specifically provided for in the first *waqf* of Sultan Qalâ'ün (684/1285); see Issa, *Histoire des Bimaristans*, p. 66, 1. 355.

¹⁸⁸ Prisse d'Avannes, *L'Art arabe d'après les monuments du Kaire: Texte* (Paris, 1887), 137–8.

RELIGIOUS HEALING: THE JUDAEO-CHRISTIAN BACKGROUND

Madness clearly existed in ancient Hebrew society, and its recognition sets the stage for the religious interpretation of madness in the Middle East, both as a divine punishment and a divine gift. The evidence from the Old Testament is impressive but slight. The most striking instances of mental disorder are found in the famous story of Saul and David, in which Saul's psychic disturbances are generally interpreted as divine punishment for his disobedience.¹ Saul, the first king of Israel (c. 1020–1000 BC) failed to fulfil God's command to destroy all the booty captured from the defeated Amalekites. Consequently, the spirit of God was withdrawn from Saul, and 'an evil spirit from the Lord tormented him. And Saul's servants said to him, "Behold now, an evil spirit from God is tormenting you."² His servants suggested that the king find someone who was skilful in playing the lyre, and 'when the evil spirit from God is upon you, he will play it, and you will be well'.³ Saul agreed, and David was brought to court in order to perform this service. At first, Saul loved David and made him his armour-bearer. 'And whenever the evil spirit from God was upon Saul, David took the lyre and played it with his hand; so Saul was refreshed, and was well, and the evil spirit departed from him.'⁴ In time, David became a military leader, Saul's son-in-law, and a blood-brother of Jonathan, the king's son. Because of David's power at the royal court, Saul became jealous and, then, excessively suspicious toward David, probably not entirely without reason, and the king sought to destroy him as a potential rival. David fled from Saul and sought refuge with Achish the Philistine, king of Gath. Uncertain of his reception by his former enemy, David, according to one report, pretended to be mad:

¹ Cf. the account of Saul in the Qur'ān (2: 246–52), which does not mention his mental disturbance.

² 1 Sam. 16: 14–15.

³ 1 Sam. 16: 16.

⁴ 1 Sam. 16: 23. The stories of healing in the Old Testament are recounted by Kee, *Medicine, Miracle, and Magic*, 9–11; *contra* Kee, p. 10, there is no evidence in this account of Saul that the remedy, music, was sent by God although the possession certainly was.

So he changed his behaviour before them [the Philistines], and feigned himself mad in their hands, and made marks on the doors of the gate, and let his spittle run down his beard. Then said Achish to his servants, 'Lo, you see the man is mad; why then have you brought him to me? Do I lack madmen, that you have brought this fellow to play the madman in my presence? Shall this fellow come into my house?'⁵

This passage, as well as others in the Old Testament, is clear evidence that insanity occurred in ancient Israel and was well recognized by distinctive behaviour. Conversely, madness could easily be faked, as David before the king of Gath. Feigning insanity was not an unfamiliar feature of ancient and medieval non-medical literature, as in the stories of Odysseus and Solon, Brutus and Key Khosrow. Whether historical or legendary, the ruse, which was used to achieve personal safety, relied on a commonly shared perception of the mentally disturbed as generally harmless or inoffensive to authority.⁶

The story of Saul and David also contains the accounts of Saul's prophesying, which included some form of ecstatic dancing and euphoria. For example, when David and his wife fled the wrath of Saul and went to Samuel in Ramah, Saul sent messengers three times to capture David, but they failed; each time the messenger joined with Samuel and the company of prophets, and they prophesied together.

Then [Saul] himself went to Ramah, and came to the great well that is in Secu; and he asked, 'Where are Samuel and David?' And one said, 'Behold, they are at Naioth in Ramah.' And he went from there to Naioth in Ramah; and the Spirit of God came upon him also, and as he went he prophesied, until he came to Naioth in Ramah. And he too stripped off his clothes, and he too prophesied before Samuel, and lay naked all that day and all that night. Hence it is said, 'Is Saul also among the prophets?'

Saul associated with bands of ecstatic prophets who were prominent in Israelite society at the time of Samuel, for Saul, according to George Rosen, a medical historian who carefully studied madness in ancient

⁵ 1 Sam. 21: 13-15.

⁶ L. D. Hankoff, 'The Hero as Madman', *JHBS*, 11 (1975), 315-33. Regarding Key Khosrow, see Ferdowsi, *The Epic of the Kings*, trans. Reuben Levy, revised by Amin Banani (Persian Heritage Series, 2; London, 1985), 99-102. In the *Shāhnāma*, Key Khosrow is advised to 'put all sanity away from your mind. When [King Afrāsiyāb] speaks of battle, answer him about wedding-feasts. Never go to him save as a man whose wits have gone astray and do not move your tongue except to talk folly.' The future king follows this advice and saves his life, for Afrāsiyāb concludes about his young rival: 'This boy's mind is deranged. When I asked him about the head he gives me an answer about the foot. Neither ill nor good will come from him. Men who pursue vengeance are not of this kind. Go and deposit him gently in his mother's care by the hand of some trustworthy man . . .' (ibid. 101-2).

⁷ 1 Sam. 19: 22-4.

Israel, was 'susceptible to the psychic contagion of group excitation'.⁸ The two instances when Saul is reported to have joined in these frenzies were periods of 'strong emotional tension' for Saul—when he ascended to kingship and when he lost it.⁹ Finally, Saul confronted the Philistines in a battle that ended with his suicide. Fearing his impending doom, he resorted to the medium of Endor to contact Samuel, who had died. Necromancy was apparently considered to be an evil in Saul's time and damaging to one's faith; Saul himself had tried to stamp it out. Desperately, however, through the medium, he sought the advice of the dead Samuel, who only confirmed his fears: God had taken the kingdom from Saul and given it to David because Saul had disobeyed God. The next day, the Philistines defeated Saul in battle, and he and his sons died.¹⁰

The life of Saul is quite important because it offers considerable evidence for the ways that mental disturbances were understood in ancient Hebrew society—their causes, the forms that they took, and the social responses that they elicited—and this predominantly religious interpretation of insanity persisted throughout the medieval period. The Hebrews, like many other ancient peoples, believed that disease and illness were the result of divine punishment for disobedience of God's commandments or violation of his laws. Deuteronomy, which restates Mosaic teachings, warns: 'if you do not obey the Lord your God by diligently observing all his commandments and statutes which I lay upon you this day, then all these maledictions shall come to you and light upon you. . . . The Lord strike you with madness, blindness, and bewilderment.'¹¹ The cause of Saul's derangement was clearly his rebellion against God's will. His mental disturbance was brought about by an unspecified spirit (*ruach*), which usually means 'a supernatural energy or influence acting on man. In this case the adjective "evil" differentiates this spirit from the Spirit of the Lord (*ruach YHWH*) which occurs in the same sentence.'¹²

Typical of ancient literature, the emphasis in the Old Testament is on observable behaviour, not on subjective symptoms. The motivation for Saul's unusual behaviour is implied or suggested, but it is not explicitly stated. Saul raged and raved as well as being depressed and withdrawn. He acted cruelly toward his enemies, and he participated in the ecstatic states of the prophets. Yet there were obviously periods of lucidity.¹³

⁸ Rosen, *Madness in Society*, 22–3.

⁹ Ibid.

¹⁰ 1 Sam. 28: 16–19.

¹¹ Deut. 28: 15, 28.

¹² Rosen, *Madness in Society*, 29.

¹³ Rosen (ibid. 26–7) ventures the following modern psychological interpretation of Saul's

Later writers described other aspects of Saul's condition, adding what in their time would have been recognizable features of lunacy. The Septuagint, the Greek version of the Old Testament, which dates from the third century BC, says that the evil spirit 'choked' Saul. Josephus, writing in the first century AD, states that Saul 'was beset by strange disorders and evil spirits which caused him such suffocation and strangling that the physicians could devise no other remedy save to order search to be made for one with power to charm away spirits'.¹⁴ There is, however, no mention of Saul's choking or physicians in the biblical account. Josephus' addition of physicians to the story is a noteworthy reflection of the status that medicine had attained by the early Christian era.

What was meant by Saul's 'raving'? The Hebrew word for this term means to act like a prophet, and it is used to describe the behaviour of Saul in Ramah, where he joined the group of prophets, rolling naked before Samuel. Generally, it appears to mean to behave in an uncontrolled manner.¹⁵ Two other words are related to madness in the Old Testament, *shiggayon* and *meshugga'*. The former means madness in the threats made in Deuteronomy and Zechariah, but in the Psalms it designates a form of impulsive expression. *Meshugga'* is the word for madman, and it is used in the episode where David feigns madness before the king of Gath. It was also used to describe prophets and their eccentric actions. In one revealing instance, Shemaiah wrote a scathing letter from Babylon to the new temple overseer in Jerusalem, Zephaniah, for his failure in not arresting Jeremiah, whom Shemaiah patently believed to be mad: 'The Lord has made you priest . . . to have charge in

behaviour: 'Saul's behavior undoubtedly exhibits an increasingly pathological quality. If stress is severe enough, the most stable personality may show evidence of anger, aggressiveness, anxiety, depression, irritability and excitement. Saul began his career as a popular hero, rising over Israel like a shining star. At first confident and determined, he won important military victories over Israel's enemies, but as the problems which he faced became more difficult and increased in number, his latent susceptibility to psychic disturbance turned into increasingly manifest disorder. Suspecting treachery on the part of those who served him, and unable to brook opposition, Saul vented his fear and hostility in emotional outbursts associated with uncontrollable impulses, as on the occasion when he lost control of himself and hurled a spear at David, or when he acted similarly towards his son Jonathan. At other times, Saul became moody and depressed, a condition which apparently recurred more frequently as he proved increasingly unable to cope with difficulties. In part, perhaps, the attacks of depression and uncontrolled behavior were also an adverse result of the ecstatic seizures which he often experienced. Mental depression, impaired judgement and increased suggestibility may ensue after prolonged indulgence in ecstasy.'

¹⁴ Quoted *ibid.* 29. Rosen gives a psychological interpretation of Saul's choking (pp. 30-1); he suggests that, in modern terms, Saul suffered from episodes of hysterical suffocation, a condition that is regarded as an unconscious rejection of aggressive fantasies and desires.

¹⁵ *Ibid.* 35-6.

the house of the Lord over every madman (*ish meshugga'*) who prophesies, to put him in the stocks and collar. Now why have you not rebuked Jeremiah of Anathoth who is prophesying to you.'¹⁶ It, therefore, appears that a major criterion for judging insanity in ancient Israel was the occurrence of 'impulsive, uncontrolled and unreasonable behaviour'¹⁷ and that physical restraint was common.

The 'treatment' of Saul was initially by music. Music is frequently esteemed in the ancient Middle East. There are, however, no comparable instances in the Old Testament for its use as therapy for psychic disorders. Again, the later sources that recount the life of Saul are informative, but they largely reflect their own time. Josephus refers to Saul's physicians who advised him to find a harpist who had the power to charm away spirits. Josephus also refers to the skill of Solomon, David's son and successor, in casting out demons, leaving behind forms of exorcisms by which the demons are driven out of the possessed. This skill is not specifically mentioned as part of the wisdom of Solomon in the Bible but became a part of Jewish, Christian, and Muslim legend.¹⁸ Josephus also remarks that exorcism was a very powerful cure in his day:

for I have seen a certain Eleazar, a countryman of mine, in the presence of Vespasian, his sons, tribunes and a number of other soldiers, free men possessed by demons, and this was the manner of the cure: he put to the nose of the possessed man a ring which had under its seal one of the roots prescribed by Solomon, and then, as the man smelled it, drew out the demon through his nostrils, and, when the man at once fell down, adjured the demon never to come back into him, speaking Solomon's name and reciting the incantations which he had composed. Then, wishing to convince the bystanders and prove to them that he had this power, Eleazar placed a cup or footbasin full of water a little way off and commanded the demon, as it went out of the man, to overturn it and make known to the spectators that he had left the man.¹⁹

Indeed, exorcism was a common practice in the early Christian era, but it is very unclear that Saul's condition was believed to be demonic possession by his contemporaries. The belief in intrusive malign spirits has been a common explanation for insanity as well as many forms of disease, especially epidemics, from the earliest times, but there is little evidence for this notion in ancient Israel.²⁰ There was certainly no

¹⁶ Jer. 29: 26–8.

¹⁷ Rosen, *Madness in Society*, 36–7.

¹⁸ Josephus, *Jewish Antiquities*, Book 8, ed. and trans. H. St. J. Thackeray and Ralph Marcus (Loeb Classical Library; London–Cambridge, Mass., 1950), v. 594–5; cf. 1 Kgs. 4: 29–34.

¹⁹ Josephus, *Jewish Antiquities*, Book 8: Loeb, v. 594–7.

²⁰ Rosen turns the evidence on its head and suggests (*Madness in Society*, 33) that the popular religion of Israel included the belief in intrusive spirits and that the evil spirit that God sent to

exorcism of Saul's evil spirit. Music was used as a means of mollifying Saul, although David was not invariably successful at it, to say nothing of his exorcising the offending spirit. According to Rosen, however, 'David's playing was part of a therapeutic incantation' used to appease the evil spirit.²¹ Whatever may have been believed to be the original intent of music, its psychotherapeutic use was acknowledged in the Hellenistic period and was commonly employed for mental disorders. In the first century AD, for example, Pseudo-Philo portrays David as a musical exorcist and gives a poem that David supposedly wrote to control the devil.²²

Rosen argues that a distinctive response of ancient Hebrew society to the unusual behaviour of some individuals was to recognize them as prophets, catapulting them out of their liminal position on the fringes of society. As 'living oracles', prophets were a common feature in the ancient Middle East, and they performed numerous functions, primarily foreseeing the future and advising individuals and nations. Ancient Israel witnessed a succession of prophets in the first millennium BC; the spiritual pronouncements of some of them were remarkable, and they have been cherished and preserved in the Bible. Yet, some of these men were quite eccentric in appearance and behaviour even by the standards of their own time. 'Prophets usually went about unshorn, clothed in a hairy mantle of sackcloth held together by a leather girdle. Moreover, some acts performed by prophets were indeed peculiar or dramatic. . . . In the eighth century, Isaiah walked naked and barefoot about the streets of Jerusalem during a period of three years.'²³ Their unusual acts were often symbolic, and together with their messages, prophets helped to create the future that they foretold. For if a man were believed to be a prophet, his words were God's, and the words had a special potency or magical power.

The prophets acted for God. They frequently travelled in bands, and, as in the story of Saul, prophesied together in a state of frenzy that was followed by trance. Rosen argues that these Hebrew prophets were not psychotics; rather, they were normal individuals who were especially predisposed to dissociative states. Moreover, this process was an accepted means of establishing a direct relationship with God. Rosen draws a comparison between the Hebrew prophets and the dervishes in

Saul 'was probably originally a separate invasive force, demonic in nature, which came to be regarded as an extension of Yahweh'.

²¹ Ibid. 33-4.

²² See Geza Vermes, *Jesus the Jew: A Historian's Reading of the Gospels* (London, 1983), 67.

²³ Rosen, *Madness in Society*, 42-3.

Islam²⁴ because the medieval sufis were generally sane men who gathered together, sometimes living together, for the purpose of pursuing a mystic life, and with the use of music, dance, or other aids, they achieved union with God. The introspective goal of the sufis is, however, quite dissimilar to the role of the prophets in ancient Hebrew society as Rosen has described it. In any case, the early Hebrew prophets lived in organized communities often associated with a sanctuary and shared a common psychic experience.²⁵ Other Hebrew prophets were more like the saints or holy fools of later Christianity and Islam. Still, Rosen admits inconclusively, they were different. The point is that not all eccentrics or madmen were believed to be prophets, any more than all prophets were madmen. Hebrew society appears to have created a valued role for particular men who shared various characteristics with the obviously mad, principally bizarre behaviour, but they were believed to be sincere, even fanatical, and certainly inspired like poets; they made sense, often as incisive critics—at least in retrospect—and they were not too threatening in what they said and did. If the prophet were a physical threat to the community, the relationship of society to the prophet came closer to its response to the insane.

Fear has always been a crucial factor in determining the status of the insane. Aside from the fear of bodily harm or psychological assault, one feared the social consequences of a madman's ravings. In the early Christian era, an incident, which is strikingly reminiscent of the life of Jesus of Nazareth, occurred that illustrates the apprehension toward the madman/prophet. In AD 62 the Jewish leaders of Jerusalem arrested a man called Jesus son of Ananias for making ill-omened prophecies. He suffered a severe beating but continued to prophesy afterward. The leaders were confused whether he was actually inspired by God or not. Fearing a public disturbance that would provoke harsh Roman reprisals, they turned the man over to the Roman governor, and Jesus son of Ananias was severely tortured. The punishment had no effect, for he resumed his dire predictions and refused to answer the questions of the governor. The Roman governor, Albinus, released him, believing the man was mad.²⁶ The story of Jesus son of Ananias points out not only the fear of popular unrest that a prophet might incite but also the ambivalence toward unusual behaviour. Was he a madman or a prophet?

²⁴ Ibid. 62.

²⁵ Ibid. 54–61.

²⁶ Josephus, *The Great Roman-Jewish War: AD 66–70* (*De bello Judaico*), ed. William R. Farmer (Gloucester, Mass., 1970), 241–2.

If Jesus son of Ananias was acquitted on the grounds of lunacy, why was Jesus of Nazareth not acquitted on similar grounds?²⁷

Hebrew prophetism obviously gave substantial leeway to unusual behaviour and considerable dignity to a few selected eccentrics. Rosen has stated: 'Prophetism and various phenomena associated with it are therefore of considerable importance for an understanding of the limits within which the ancient Israelites viewed peculiar, eccentric behavior as socially acceptable, and which thus also defined the boundaries of the psychopathological.'²⁸ From the time of Saul, the psychopathological itself came to be defined according to its immediate cause: disease, sin, or demons. These 'aetiologies' of derangement—medical, moral, and magical—are not easily distinguishable, but each notion did evolve and come into prominence in the pre-Christian era, serving as a basis for healing.

First, there is generally a negative view of physicians or the practice of medicine in the Old Testament. Healing is a divine preserve, and turning to a doctor was evidence of a lack of faith.²⁹ 'The overall import of these [relevant biblical] passages is that Yahweh is indeed the restorer and orderer of human life, individually and corporately, and no human agency, least of all physicians, can solve problems, alleviate suffering, or cure ills.'³⁰ A major change seems to have occurred in the post-exilic period as a result of Hellenism; one aspect of this cultural influence was the dissemination of Graeco-Roman medicine. The sea change is noticeable in the frequent mention of physicians in the later sources, such as Josephus' description of Saul's derangement. Another example from his *Jewish Antiquities* is the description of the illness of Herod the Great that followed the murder of his wife Mariamne; Herod temporarily lost his reason, and Josephus says that physicians attended him.³¹

Most impressive is the positive attitude toward physicians that is evident in Ecclesiasticus or the Wisdom of Jesus the Son of Sirach from the second century BC.

Honor the physician with the honor due him, according to your need of him, for the Lord created him; for healing comes from the Most High, and he will receive

²⁷ See Geza Vermes, *Jesus and the World of Judaism* (Philadelphia, 1984), pp. xiii–xix.

²⁸ Rosen, *Madness in Society*, 37.

²⁹ Vermes, *Jesus the Jew*, 59.

³⁰ Kee, *Medicine*, 17. Kee also points out (ibid. 65–6) that of the seven occurrences of 'physician' (*iatros*) in the New Testament only one is positive, nor is there any evidence in the gospels of the technical language or methods of Hippocratic medicine. The gospels appear to reflect the older Jewish attitude toward healers, which is consistent with the fact that the gospels describe a portion of the Jewish population that was least likely to have been affected by foreign, Hellenistic influence.

³¹ Josephus, *Jewish Antiquities*, Book 15 (Loeb edn., 1963), viii. 115.

a gift from the king. The skill of the physician lifts up his head, and in the presence of great men he is admired. The Lord created medicines from the earth, and a sensible man will not despise them. . . . And he gave skill to men that he might be glorified in his marvelous works. By them he heals and takes away pain; the pharmacist makes of them a compound. His work will never be finished; and from him health is upon the face of the earth. My son, when you are sick do not be negligent, but pray to the Lord, and he will heal you. Give up your faults and direct your hands aright, and cleanse your heart from all sin. Offer a sweet-smelling sacrifice, and a memorial portion of fine flour, and pour oil on your offering, as much as you can afford. And give the physician his place, for the Lord created him; let him not leave you, for there is need of him. There is a time when success lies in the hands of physicians, for they too will pray to the Lord that he should grant them success in diagnosis and in healing, for the sake of preserving life. He who sins before his Maker, may he fall into the care of a physician.³²

Healing is still dependent on God; prayer and sacrifice are essential, but the physician is now an acceptable instrument of God's purpose, and this gift bestowed a high social status on the physician. The medical value of natural substances is also God's gift and not the result of magic. Sickness and sin are explicitly related to one another, so that the afflicted should purify his heart as well as make sacrifices in order to gain divine favour or, specifically, to be receptive to the healing of God that is brought by the physician who should also begin his work with a prayer. "The cause of the disease as well as the means to cure it are discovered through a God-given insight, a kind of revelation."³³ Thus, healing is one of God's gifts, and the physician is God's ally, but the doctor's knowledge is only an aid to the healer's essential requisite, holiness.³⁴ Yet, it is a positive view of the healing arts, which characterized the relationship that often existed between medicine and religion in the Middle Ages. Concerning insanity, however, the prospect for medicine was less sanguine; both in the Talmud and in Islamic tradition, there is no medicine for the insane.³⁵

Second, a central image of the Old Testament is God the Healer of the righteous. The Lord had promised:

If you will diligently hearken to the voice of Yahweh your God, and do what is right in his eyes, and give heed to his commandments, I will put none of the diseases upon you which I put on the Egyptians, for I am Yahweh your healer.³⁶

³² Sirach/Ecclesiasticus 38: 1-15.

³³ Vermes, *Jesus the Jew*, 60; see also Rosen, *Madness in Society*, 68-9.

³⁴ Vermes, *Jesus the Jew*, 61.

³⁵ See Rosen, *Madness in Society*, 69.

³⁶ Exod. 15: 25b-26.

If, in other words, the nation of Israel follows God's rules, He will support them and make them prosper. God is often depicted as a healer and restorer by the prophets. In the older levels of the biblical tradition, God generally healed the nation, the chosen people, of its corporate errors; in time the view developed that God also cured the individual believer whose sickness was due to his personal sins.³⁷ The possibility was opened for healing by pious men by religious means, the absolution and forgiveness of sins, as well as by physicians.

Third, as a result of Persian influence on Judaism in the fifth and fourth centuries BC, the notion that the Devil was responsible for all moral and physical evil penetrated deeply into Jewish religious thought.³⁸ The existence of demons was part of a world-view that envisioned the world and its creation as a struggle between good and evil, light and darkness, God and the Devil.³⁹ In general, the spirits were omnipresent, intimate, and powerful. They were not inhabitants of an underworld of superstition and hocus-pocus that was believed in by only the gullible and ignorant lower class; the spirits had become an integral part of everyday life in the Middle East. Like bacteria that can injure or help mankind, spirits were unseen but real.⁴⁰ A sense of their intimacy with human beings can be gained from a fragment from an Egyptian magical handbook of the early Christian era: 'A [spirit comes] as an assistant who will reveal everything to you clearly and will be your [companion and] will eat and sleep with you.'⁴¹

Much of the subsequent Gnostic literature is devoted to the cosmic conflict between the forces of good and evil. This dualistic outlook was a convenient answer to the question of palpable evil in a world that was supposed to be created by a good and all-powerful God. According to Howard Kee, this outlook was considered provisional and not absolute by the writer of Jubilees and the New Testament writers. 'Human ailments and disasters are performed by the demonic powers, but are permitted by God to happen. Ultimately, the powers of evil will be overcome, and the final and eternal restoration of the creation will

³⁷ Kee, *Medicine*, 12-16.

³⁸ Vermes, *Jesus the Jew*, 61.

³⁹ The abiding significance of this Persian influence in the Middle East is nicely demonstrated by the terminology for demons in the Syriac Gospels; in the Peshitta, the Syriac translation or adaptation of the Greek New Testament, the words *daiwa* and *daiwana*, which are used for 'demon' and 'demoniac', are derived from Persian. Beelzebub was the chief of this class of hostile demons. See T. C. Falla, 'Demons and Demoniacs in the Peshitta Gospels', *Abr-Nahrain*, 9 (1969-70), 43-65.

⁴⁰ For this simile, see E. Dawes and N. H. Baynes, trans., *Three Byzantine Saints* (Crestwood, NY, 1977 repr.) p. xii.

⁴¹ Hans D. Betz, ed., *The Greek Magical Papyri in Translation Including the Demotic Spells* (Chicago-London, 1986), 3.

occur.⁴² But there was room for doubt, and the Jews resorted to the esoteric books ascribed to Noah and Solomon to control the evil demons; in New Testament times, the Essenes were apparently the leading proponents of this esoteric tradition.⁴³ Thus, men took an active role in the cosmic struggle and defended themselves against the powers of evil.

The promiscuous demons were directly linked to sickness and death in second-century BC Jewish literature; this notion is clearly expressed in the Book of Tobit. This was one of the most popular books of the Apocrypha and gives a good picture of Jewish life in the period before the New Testament. It is the fictitious story of the pious Tobit, who was taken away from Israel by the Assyrians and lived in exile in Nineveh; despite his charity, he became poor and blind, which the physicians could not cure. At the same time, in Media, Sarah was also desperate because she was haunted by her demon-lover Asmodeus. Like Tobit, she prayed to God, and hearing their supplications, God sent the angel Raphael to heal both of them: to restore Tobit's sight, to marry Sarah to Tobias, the son of Tobit, and to bind Asmodeus the evil demon. Appropriately, Raphael means 'God heals'. Tobit sent his son to Media to collect a deposit of money he had left there; Raphael in disguise accompanied Tobias and instructed him in the use of magical medicines (from a man-eating fish) that would heal his father's blindness and exorcise Sarah's demon, along with prayer. Tobias proposed to and married Sarah, and on the wedding night he routed the lover-demon. After the wedding feast, they returned to Tobit and his wife, who were anxious about their son. Tobias and Raphael preceded Sarah into Nineveh, and Tobias healed his father's blindness with the magical potion. Raphael disclosed his true identity as an angelic intercessor with God, and everyone lived happily ever after.

This belief in demonology was translated into actual practice, and Jews were renowned as exorcists in the Hellenistic era. The natural response to affliction by demons was supernatural relief that was invoked by an exorcist, the magician *par excellence*. Magic may be defined as the coercion of supernatural powers by the use of efficacious techniques and formulae for a specific purpose; prescribed rules and substances had to be used as well as a conjuration that included the naming of the authority for such power. Exorcism was not banned by the Jews because it had become an integral part of everyday life and its condemnation would have been inconsistent with certain customs enjoined by the Bible

⁴² Kee, *Medicine*, 22-3.

⁴³ Vermes, *Jesus the Jew*, 62-3.

itself.⁴⁴ There is fragmentary evidence of exorcisms from the Essene library at Qumran.⁴⁵ As we have seen, Josephus witnessed an exorcism by a Jewish exorcist in the presence of Vespasian. In sum, Josephus portrays Judaism in the first century AD as engaged in all three modes of healing: Graeco-Roman medicine, divine intervention, and magic. It is within this context that Jesus of Nazareth lived and performed his miraculous deeds.

In understanding the actions of Jesus, the first method of healing can be eliminated: there is no evidence of the technical language and methods of Hippocratic medicine in the gospels. Jesus was a Galilean Hasid or holy man, the heir to the ancient prophetic tradition in Judaism. This 'man of God'⁴⁶ gained attention chiefly as 'a charismatic teacher, healer and exorcist'.⁴⁷ Indeed, it was probably Jesus' ability to heal and exorcise that initially attracted crowds, some of whom were then persuaded by his teaching.⁴⁸ For example, following Jesus' exorcism of the man in the synagogue of Capernaum, the people 'were all amazed, so that they questioned among themselves, saying, "What is this? A new teaching! With authority he commands even the unclean spirits, and they obey him." And at once his fame spread everywhere throughout all the surrounding region of Galilee.'⁴⁹

A typical description of Jesus's miracle-working is made by Mark, referring to events in Capernaum:

That evening, at sundown, they brought to him all who were sick or possessed with demons. And the whole city was gathered together about the door. And he healed many who were sick with various diseases, and cast out many demons; and he would not permit the demons to speak, because they knew him.⁵⁰

Jesus himself is reported as saying: 'Behold, I cast out demons and perform cures today and tomorrow'.⁵¹

Beside these statements, the writers of the synoptic gospels give six particular episodes involving exorcism; Mark describes four of them as demonic possession, and they appear to involve mental or nervous

⁴⁴ See Vermes, *Jesus the Jew*, 64–5.

⁴⁵ Maurice Baillet, *Discoveries in the Judaean Desert*, vii. *Qumrān Grotte 4*. iii (4Q482–4Q520) (Oxford, 1982), 215–62.

⁴⁶ See J. B. Segal, 'Popular Religion in Ancient Israel', *Society for Jewish Study*, 27 (1976), 7–9, 20–1.

⁴⁷ Vermes, *Jesus and the World of Judaism*, 5, 27; idem, *Jesus the Jew*, 22–9. In a typical synopsis of the first three gospels, about one-fifth of the literary units either describe or allude to the healings and exorcisms of Jesus and his disciples (Kee, *Medicine, Miracle and Magic*, 1).

⁴⁸ Morton Smith, *Jesus the Magician*, (New York, 1978), 9, 11, 16, 23. See the conflicting evaluations of Smith's work by Kee, *Medicine*, 112–14 and E. P. Sanders, *Jesus and Judaism* (Philadelphia, 1985), 68, 162–73.

⁴⁹ Mark 1: 27–8.

⁵⁰ Mark 1: 32–4.

⁵¹ Luke 13: 32.

illnesses. Furthermore, the twelve apostles of Jesus and his seventy (or seventy-two) disciples are depicted as successful exorcists; the latter 'returned with joy [to Jesus], saying, "Lord, even the demons are subject to us in your name!"'⁵² Even a non-disciple was reported as being able to cast out demons in Jesus' name.⁵³ Thus, the healings and exorcisms in the gospels and in the rest of the New Testament were 'a central factor in primitive Christianity, and were so from the beginning of the movement'.⁵⁴

'Jesus was an exorcist, but not a professional one.'⁵⁵ He was obviously not paid for his services. More important, the exorcisms of Jesus do not follow the usual Jewish pattern: there is no ritual, as Geza Vermes has pointed out, there is only a verbal command to the evil spirits to depart.⁵⁶ What is missing from Jesus' rebuke is the magical element. Paradoxically, in most cases of his healing *physical* illnesses, there is some kind of ritual act.⁵⁷ Even in his oral commands, Jesus did not call upon any higher power as magicians would do. Because Jesus did not invoke any authority, he was accused by the Pharisees of acting in the name of Beelzebub, the prince of demons, after healing the blind and dumb demoniac; in return, he asked the Pharisees in whose name they exorcised.⁵⁸ This incident attests to the fact that others clearly thought of Jesus as a magician. In Mark's version of this episode, Jesus is reported to have behaved in a very unusual manner. Mark begins by saying that Jesus went home, 'and the crowd came together again, so that they could not even eat. And when his family heard it, they went out to seize him, for people were saying, "He is beside himself."'⁵⁹ Jesus' behaviour, which the Jerusalem scribes also witnessed, might be associated with that of Old Testament prophets or contemporary magicians; whatever occurred to him, it is incongruous with the usual depiction of Jesus as the sober teacher.⁶⁰ At the very least, the episode recalls the basic obligation of the family to come to the aid of a distressed member of the family.

The story of the Gerasene demoniacs is a good description of Jesus' manner of exorcising and of the plight of the violent but unrestrained madman in antiquity:

[Jesus and his disciples] came to the other side of the sea, to the country of the Gerasenes. And when he had come out of the boat, there met him out of the tombs a man with an unclean spirit, who lived among the tombs; and no one

⁵² Luke 10: 17.

⁵⁴ Kee, *Medicine*, 124.

⁵⁶ Vermes, *Jesus the Jew*, 23, 65.

⁵⁸ Matt. 12: 22-9; Luke 11: 14-22.

⁶⁰ Sanders, *Jesus and Judaism*, 166.

⁵³ Luke 9: 49. See Vermes, *Jesus the Jew*, 23.

⁵⁵ Vermes, *Jesus and the World of Judaism*, 8.

⁵⁷ Ibid. 24-5.

⁵⁹ Mark 3: 19-21.

could bind him any more, even with a chain; for he had often been bound with fetters and chains, but the chains he wrenched apart, and the fetters he broke in pieces; and no one had the strength to subdue him. Night and day among the tombs and on the mountains he was always crying out, and bruising himself with stones. And when he saw Jesus from afar, he ran and worshipped him; and crying out with a loud voice, he said, 'What have you to do with me, Jesus, Son of the Most High God? I adjure you by God, do not torment me.' For he had said to him, 'Come out of the man, you unclean spirit!' And Jesus asked him, 'What is your name?' He replied, 'My name is Legion; for we are many.' And he begged him eagerly not to send them out of the country. Now a great herd of swine was feeding there on the hillside; and they begged him, 'Send us to the swine, let us enter them.' So he gave them leave. And the unclean spirits came out, and entered the swine; and the herd, numbering about two thousand, rushed down the steep bank into the sea, and were drowned in the sea.

The herdsmen fled, and told it in the city and in the country. And people came to see what it was that had happened. And they came to Jesus, and saw the demoniac sitting there, clothed and in his right mind, the man who had had the legion; and they were afraid. And those who had seen it told what had happened to the demoniac and to the swine. And they began to beg Jesus to depart from their neighborhood. And as he was getting into the boat, the man who had been possessed with demons begged him that he might be with him. But he refused, and said to him, 'Go home to your friends, and tell them how much the Lord has done for you, and how he has had mercy on you.' And he went away and began to proclaim in the Decapolis how much Jesus had done for him; and all men marvelled.⁶¹

Jesus was not a professional exorcist, but neither was he unique. 'Contemporary Jewish thought reserved a place in the fight against evil for the spontaneous and unscripted activity of the holy man', such as Hanina ben Dosa, who, like Jesus, followed the example of the prophet Elijah.⁶² In the intertestamental literature, especially that of Qumran, many of the major biblical figures were invested with curative power that resembles that of Jesus; their power to forgive sins was tantamount to healing. For the contemporary Jewish view was that the devil had instigated sins, which God punished by inflicting mental or physical illnesses. (A dichotomous distinction between mind and body is historically inappropriate; the only distinction was between the direct and indirect intervention of the demons.) Jesus was a holy man who could forgive sins and, therefore, heal; in his time, '“to heal”, “to expel demons”, and “to forgive sins” were interchangeable synonyms'.⁶³ This

⁶¹ Mark 5: 1-20.

⁶² Vermes, *Jesus the Jew*, 65, 72-8.

⁶³ Vermes, *Jesus and the World of Judaism*, 10.

view of healing is echoed in the later Talmudic saying: 'No sick man shall recover from his illness until all his sins have been pardoned.'⁶⁴

Geza Vermes may be correct that the forgiveness of sins is the key to understanding all of Jesus' healings, but is it wise to lump healing, exorcism, and absolutions together? A distinction between the healing and exorcising by Jesus is always made in the New Testament, and the two activities can be distinguished in it. The Jewish exorcist may forgive sins, as Vermes has argued, and is, therefore, comparable to the healer. But are they synonymous? It is unlikely. There are actually two very different points of view about disease and sickness in the New Testament: God does or does not cause evil. In the one case, the demons are the instruments of illness; in the second case, the demons are the illness. The *healing* episodes of Jesus appear to correspond to the view that God inflicts punishment on the sinner; Jesus can absolve the sinner and, hence, remove the punishment. The *exorcising* episodes of Jesus' career seem to correspond to the belief that the Devil or demons cause illness, for their own unknown and diabolical reasons, and there is no moral issue. The latter point of view would appear to explain the story of the man born blind;⁶⁵ his healing was a demonstration of God's power over evil irrespective of human behaviour. The healer might forgive the ailing, but the exorcist is never described as forgiving the possessed.

The twelve apostles received the gift of healing and the power of exorcism, but the distinction between them became blurred in early Christianity. Their methods of treatment included the more conventional ritual of anointing the sick with oil as well as command and touch.⁶⁶ At the heart of the matter, God was seen as less vengeful and the Devil as more potent; disease was primarily the handiwork of the demons and there was little need for forgiveness. Mental derangement especially was clearly believed by the early Christians to be demonic possession, and Origen's view of lunacy as intrusive possession appears to have been decisive for Christian theology.⁶⁷ The form of Christian exorcism also appears to resemble more closely the traditional practices of the magicians than that of Jesus.⁶⁸ The exorcisms of the Byzantine saints, for

⁶⁴ Quoted *ibid.* 28.

⁶⁵ John 9: 1-41.

⁶⁶ Vermes, *Jesus the Jew*, 25.

⁶⁷ Temkin, *The Falling Sickness*, 2nd edn., p. 92. The groundwork had been prepared earlier by Christian apologists: see, for example, 'The First Apology of Justin, the Martyr' and 'A Plea Regarding Christians by Athenagoras, The Philosopher', in *Early Christian Fathers*, ed. C. C. Richardson (New York, 1970), 225-89 and 300-40 respectively.

⁶⁸ D. W. Amundsen and G. B. Ferngren, 'Medicine and Religion: Early Christianity Through the Middle Ages', in *Health/Medicine and the Faith Traditions*, ed. M. E. Marty and K. L. Vaux (Philadelphia, 1982), 103-6; D. E. Aune, 'Magic in Early Christianity', *Aufstieg und Niedergang der römischen Welt*, 2: 23: 2 (Berlin, 1980), 1529 ff.

example, differ from Jesus' in that the saints usually touched the demon-possessed individual, used invocations, and were usually remunerated in one way or another.

Psychically, the Mediterranean world in the early Christian era contained an enormous supernatural population that was ubiquitous, subtle, and often hostile to mankind. In this environment, the Christian missionaries had a valuable weapon and wielded it. Peter Brown deftly summarizes this interplay of belief and conversion:

Christianity inherited the fateful legacy of an absolute division of the spiritual world between good and evil powers, between angels and demons. To men increasingly preoccupied with the problems of evil, the Christian attitude to the demon offered an answer designed to relieve nameless anxiety; they focused this anxiety on the demons and at the same time offered a remedy for it. . . . Hence, however many sound social and cultural reasons the historian may find for the expansion of the Christian Church, the fact remains that in all Christian literature from the New Testament onwards, the Christian missionaries advanced principally by revealing the bankruptcy of men's invisible enemies, the demons, through exorcisms and miracles of healing.⁶⁹

The importance of healing, especially exorcism, as a factor in converting pagans to Christianity is persuasively argued by Ramsay MacMullen.⁷⁰ On the other hand, Robin L. Fox discounts the significance of exorcism to Christian conversion, stressing instead less flashy causes and the long, careful indoctrination of the convert.⁷¹ Yet, exorcism was a vital part of Christian conversion. 'Once inside, the Christian enjoyed the millennial sensation of a modern African anti-sorcery cult.'⁷²

Exorcism became a widespread practice of the early Church, and it came to have a wider meaning and application than the expelling of demons from the possessed. From the Christian point of view, paganism itself was demonic and all converts had to be exorcised of that taint. Exorcism of the physically healthy became a necessary preparation for baptism from the beginning of the third century, having developed among the Egyptian Gnostics during the previous century.⁷³ Eventually, the practice of exorcising the catechumen died out in late antiquity with the success of Christianity and the spread of infant baptism. On the one

⁶⁹ Peter Brown. 'Sorcery, Demons and the Rise of Christianity', in his *Religion and Society in the Age of St. Augustine* (London, 1972), 122. See also Henry A. Kelly, *The Devil at Baptism: Ritual, Theology, and Drama* (Ithaca, NY, 1985), 10 *et passim*.

⁷⁰ *Christianizing the Roman Empire, AD 100-400* (New Haven, Conn.-London, 1984), 27 *et passim*.

⁷¹ *Pagans and Christians* (Harmondsworth, 1986), 316-17, 327-30.

⁷² Brown, 'Sorcery', 136. See also Kelly, *The Devil at Baptism*, part 2.

⁷³ Kelly, *The Devil at Baptism*, ch. 4.

hand, exorcism survived in a modified form in the baptismal rite; on the other hand, the Christian holy man still gave battle to the forces of evil, as in the heroic days of the early Church. In place of martyrdom, the later Christian ascetic was an 'athlete' in a spiritual prize-fight with the demons.⁷⁴

The Christian holy man in late antiquity shared the same demon-infested world with the magician, and the two often appear to perform many of the same functions. The benign magician retained advantages; he 'claimed to know and understand the traditions of various religions. While other people could no longer make sense of the old religions, he was able to. He knew the code words needed to communicate with the gods, the demons, and the dead. He could tap, regulate, and manipulate the invisible energies. He was a problem solver who had remedies for a thousand petty troubles plaguing mankind: everything from migraine to runny nose to bedbugs to horse races, and, of course, all the troubles of love and money.'⁷⁵

By the fourth century AD, however, with the establishment of Christianity as the state religion, the formal claim of the Christian clergy as healers, especially as exorcists, was well established, and some churches became well known as centres of healing. In comparison, the 'pagans lacked any corresponding deities, lacked temples known as places of recourse for the possessed, on the model of Asclepieia, and had instead to trust to luck or to some not very respectable help bought in the shadows'.⁷⁶ The powerful tool of exorcism, of course, had its dangers for the Christian clergy. For example, in a later period, St Peter of Atroa became famous for his curing a consul's wife of madness. His unsuccessful rival healers, however, claimed that his power came from the Devil, so that the saint had to prove his own orthodoxy.⁷⁷ At the other extreme, the very pious but sane could be mistaken for mad.⁷⁸

The rapid changes in late Roman society in the fourth century also evoked an increase in both the number and quality of miraculous

⁷⁴ Brown, 'Sorcery', 136.

⁷⁵ Betz, *The Greek Magical Papyri*, pp. xlvii-xlviii; see the instructions for an exorcism: *PGM*, iv. 1227-64; a charm for those possessed: *PGM*, iv. 3007-86; a spell to cause madness: *PGM*, xiv. 1182-7; for demon possession: *PGM*, lxxv. 1-6 and *PGM*, xciv. 17-21; and an amulet against attacks by demons and epilepsy: *PGM*, cxiv. 1-14.

⁷⁶ Ramsay MacMullen, *Paganism in the Roman Empire* (New Haven, Conn., 1980), 50. MacMullen appears to discount the effectiveness or respectability of magicians.

⁷⁷ See Kathryn M. Ringrose, 'Saints, Holy Men and Byzantine Society, 726 to 843', diss. (Rutgers University, 1976), p. 89.

⁷⁸ See, for example, the incident in John of Ephesus, *Lives of the Eastern Saints*, ed. and trans. E. W. Brooks (PO, 17; Paris, 1923), 169.

healings.⁷⁹ Unlike the treatment of the orthodox doctor, the healing of the saint was easily accessible and free, instantaneous and painless. The successful management of supernatural powers on behalf of the sick was virtually always guaranteed, and such faith-healing was believed in by all classes of society. The last point needs to be stressed. As Peter Brown has shown in a number of essays on the hagiographical literature, the belief in demonology and its association with religious healing were not confined to the common illiterate folk, but permeated all levels of the social structure.⁸⁰ It may even be said that demonology became a way of defining reality; it shaped the way an afflicted person could describe his inner experiences and others could account for his outward behaviour. In the complex dialectical relationship between the afflicted, the healer, and society, culturally shared categories of mental illness were created. This 'bargaining for reality' is well represented in the Saints' Lives; in turn, the recitation of the Lives probably reinforced the demonic explanation of lunacy and the expectation of religious healing.⁸¹

As one would expect, not all illnesses were thought to be caused by demons and not all healings were exorcisms. It would appear from the Saints' Lives that religious healing was sought primarily for chronic illnesses—frequently before attempting professional medical treatment—while a doctor was often recommended for acute illnesses. This appears to be the case even in the Life of Theodore of Sykeon, which is suffused with demons and their exorcism—the peasants of central Anatolia in the sixth century seem to have led 'an utterly demon-ridden existence'.⁸² The

⁷⁹ Brown, 'Sorcery', 122 ff. Amundsen and Ferngren, 'Medicine and Religion', 103, give a number of reasons, but especially 'an infusion of pagan modes of thinking into Christianity', which was stimulated by the mass conversions of the 4th cent. See also A.-J. Festugière, ed. and trans., *Vie de Théodore de Sykéon* (Subs. Hag., 48; Brussels, 1970), vol. i, p. xviii, and idem, *Les Moines d'Orient* (Paris, 1961–5), particularly vol. i, ch. 1. Mary E. Keenan, 'St. Gregory of Nazianzus and Early Byzantine Medicine', *BHM*, 9 (1941), 16 f., gives a fine description of the relationship between Galenic medicine and Christianity in the 4th cent. AD.

⁸⁰ Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity* (Chicago, 1981), 114 f. Cf. Festugière, *Les Moines d'Orient*, vol. i, ch. 1.

⁸¹ Evelyne Patlagean (*Pauvreté économique et pauvreté sociale à Byzance 4^e–7^e siècles* (Paris, 1977), 106 f.) points out that demonic possession could be used to explain almost everything in early Byzantine society; this ascription was quite dependent on the point of view of the hagiographer. When such an author explains an illness as possession, Patlagean warns, one should be aware of the possibility of psychosomatic illness. Moreover, aside from organic maladies, demonic possession, she asserts, was used in Byzantine society to express the most violent psychological tensions.

⁸² A. H. M. Jones, *The Later Roman Empire 284–602*, ii. 958; Dawes and Baynes, *Three Byzantine Saints*, 182 f. Similarly, *The Lausiac History* of Palladius, trans. Robert T. Meyer (Ancient Christian Writers, 34; Westminster, Md., 1965), mentions a number of instances (pp. 83 f., 112 f., 136) of the treatment of ascetics by medical doctors, without any hint of hostility; moreover, *The Lausiac History* presents many of the themes related to insanity that are encountered in the later Saints' Lives: the cure of the possessed (pp. 57, 64, 79, 104, 121), the

referral of the sick to doctors by Theodore may be exceptional.⁸³ Yet, the accommodation of Greek medicine within Christian communities appears to hark back to the compromise reached in the Jewish book of Sirach and to foreshadow that within Islamic society. The *modus vivendi* for Christians in late antiquity who were entrusted with the care of the sick in a monastic infirmary or hospice is exceptionally well illustrated by the sixth-century AD correspondence of Saints Barsanuphius and John of Gaza. They believed that medical science did not hinder one's piety; it should be regarded like the manual labour of other monks. While pride in medical expertise should be carefully guarded against, professional medicine was entirely compatible with a godly life.⁸⁴ Still, on the issue of insanity, Galenic medicine said very little and could claim little success, while the Christian scriptures said a great deal, and Christians claimed striking victories over the Devil.

A small incident in the Life of John of Daylam (d. AD 738) may illustrate the types of healers that were commonly available in the early Middle Ages—a route that Christians might follow when they were confronted with a chronic ailment. In Baṣra, in the early eighth century AD, there was a young deacon whose speech had been impaired by 'sorcerers' for eight years. His mother took him to a monastery to be healed, but the visit was unsuccessful. She, then, took him to Galenic doctors, 'followers of Plato', but they also failed to correct her son's speech. She journeyed to see some sorcerers, but she received nothing from them or 'from the wicked whom the demons had deceived'. Finally, she heard about John, who was visiting the city, and she brought her son to him. John placed his cross on the young man's tongue, and he spoke at once. The next Sunday the handsome deacon read the Epistles in church to everyone's astonishment.⁸⁵

How were the mentally disturbed, especially, treated in Byzantine society? Consistent with the view that insanity was demonic, it would appear that most people eventually sought the aid of the Church, its saints, and sacraments. The miracles of St Artemios attest to the crowd of possessed who filled the churches of Constantinople, and the possessed

curse of insanity (p. 120), the holy fool (pp. 96 ff.), and the restraint of the mad ascetic (pp. 85 ff.). On this work, see L. Rydén, 'The Holy Fool', in *The Byzantine Saint*, ed. S. Hackel (Studies Supplementary to Sobornost, 5; London, 1981), 106 f.

⁸³ See H. J. Magoulas, 'The Lives of the Saints as Sources of Data for the History of Byzantine Medicine in the Sixth and Seventh Centuries', *BZ*, 57 (1964), 128 ff.

⁸⁴ *Barsanuphe et Jean de Gaza: Correspondence*, trans. L. Regnault et al. (Sable-sur-Sarthe, 1972), 236–42, esp. 238. I am grateful to Peter Brown for this reference.

⁸⁵ Sebastian P. Brock, 'A Syriac Life of John of Dailam', *Parole de l'Orient*, 10 (1981–2), 166–7.

who flocked to healing shrines. Unlike their plight in antiquity, therefore, the mentally ill could resort freely to churches and sanctuaries. 'The church building itself, in the practice of incubation becomes a hospital, and the sick lie about in the confines of the church awaiting a visitation from the physician-saints in the hope of being healed of their infirmities. "Do you not know that our church has become the hospital of the world?" ask the medical-saints Cyrus and John.'⁸⁶

Monasteries also offered relief for the mentally disturbed and the possibility of genuine refuge. The life of Theodore of Sykeon tells the story of the following exorcism:

Another man, of the village of Salmania, was terribly abused by an unclean spirit. He went to the monastery [of St Theodore]; because he was disorderly, St Theodore ordered that he be tied to a post, and every day the saint came to him and prayed for him. Consequently, the demon was so enflamed that he left the man and disappeared. At the end of two weeks the man was healed and returned to his home.⁸⁷

The shelter that a monastery might afford to the demented can be inferred from the legend of the earliest holy fool in Greek literature, which is found in Palladius' *Lausiac History*, that was written about AD 420. According to Palladius, a nun acted the part of a fool, being possessed by a demon, in a convent of Tabennisi in Egypt. She was, however, greatly abused by the other nuns and treated as a menial. Palladius also gives two biographies of monks in the Egyptian desert that attest to insanity among the monks and the treatment that they received. Valens 'reached such a state of arrogance that demons attacked him. From deceiving him a little, they went so far as to make him believe he was in league with the angels.' His behaviour became increasingly erratic until he claimed to have had a vision of Christ; consequently, he went into the church and told the assembled brethren that he no longer had any use for communion. 'Then the fathers bound him and put him in irons for a year. They changed him through their prayers and the living of an ordinary, unbusied life.' The second ascetic was Heron, a good-natured young man from Alexandria who led a pure life, but he 'was thrown off balance after many labors and exalted himself, feeling himself greater than the fathers'. Eventually, he too was put into irons when he refused to partake of the eucharist. Heron 'was driven as though it were by fire, and he could not remain in his cell, so he went off to Alexandria

⁸⁶ Magoulas, 'The Lives of the Saints', 136.

⁸⁷ Festugière, *Vie de Théodore de Sykéon*, i. 83-5; see also ii. 238 for other instances of restraint.

... He fell wilfully into a dissolute life and later found salvation against his will.'⁸⁸

Outside the monastery and its regulated life, the anchorite was particularly vulnerable to eccentricity and psychic disorders. In the late fifth century the dangerous excesses of the solitary life were recognized by St Theodosius (d. 529), who founded an important monastery at Dayr Dosi, which was located between Jerusalem and Bethlehem in the Judaeian desert; in his monastic complex he set up a special section to care for disturbed hermits. The *Life of St Theodosius* was written by Theodore of Petra in the form of a panegyric in AD 530; the account of this special quarter for troubled anchorites is given in his enumeration of the charitable works of St Theodosius, which also included the establishment of hospices for foreign monks and the poor, an asylum for the aged, and a hospital in Jericho. According to the *Life*, there was a large number of monks who lived in the neighbouring mountains and caves, but many did not lead a truly Christian life. As a result of their misinformed and unrestrained zeal for asceticism, they had lost sight of its spiritual purpose and prided themselves on their feats of self-denial, which were damaging to their psychic as well as their physical well-being. Consequently, St Theodosius 'established for them a place of quietude, so that their *hesychasterion* [place of quiet] was in the monastery as a second monastery for the crowd who were received'. And they were supplied with everything that they needed. Unfortunately, the author of the *Life* gives no details about the mental disturbances of the anchorites or the care that they received in the monastery; he says nothing about medical treatment or exorcism. When the inmates were in possession of their faculties, however, St Theodosius encouraged them, urging them to be patient with the evils of this world and exhorting them to a more disciplined life.⁸⁹

Some hospices also appear to have cared for the disturbed, while there is no clear evidence that there were special wards for the mentally ill in the Byzantine hospitals. In the life of Theodore of Sykeon we are told about the village of Germia in Galatia, where ancient tombs were disturbed when a cistern was being dug. Evil spirits escaped and

⁸⁸ Palladius, *Lausiac History*, trans. R. T. Meyer (Ancient Christian Writers, 34; London, 1965), 96-8, 84-7. On the feigned madness of the nun at Tabennisi, see the discussion below.

⁸⁹ *Der heilige Theodosios: Schriften des Theodoros und Kyrillos*, ed. H. R. Usener (Leipzig, 1890), 41-6 = Pierre Canivet, 'Erreurs de spiritualité et troubles psychiques', *Recherches de science religieuse*, 50 (1962), 166-9. See also Festugière, *Les Moines d'Orient*, i. 80-1 and iii. 125 f. For an explication of the text, see Canivet, 'Erreurs de spiritualité', 170-205.

possessed the villagers, who sought shelter in their homes and in the hospices.⁹⁰

Concerning the long-term plight of the mentally ill, however, there was considerable diversity. The rich, as in later Islamic society, were able to pay for professional medical care and nursing in their homes. If we can judge from John of Ephesus' account of Justin II's violent and prolonged madness, the emperor was confined to the palace, alternately restrained and mollified, as well as being treated by Physicians. The poor, harmless, and demented appear to have wandered at liberty, swallowed up among the mass of the indigent and homeless. Mental derangement was surely a cause of mendicity, and conversely, its simulation was a means of evoking charity, which was condemned by the Trullan Synod in AD 692. Alternatively, they might find security as servants in churches, monasteries, and large households. The Lives of Mark of Alexandria and Simeon of Emesa, who were holy fools, suggest that the disturbed were often capable of menial employment; the first was a bath attendant and the second was a worker in a cook-shop, although the latter gave away the food to the poor.⁹¹

A Brueghelseque triptych made up of three holy madmen, Andrew, Mark, and Simeon, sheds some light on the plight of ordinary demented souls in the early medieval Middle Eastern city. Andrew the Fool was a pious, well-educated, and trusted slave of a high court official in Constantinople, supposedly in the fifth century. One night he received a vision that was interpreted to mean that he should devote himself to the spiritual life entirely, being 'a fool for Christ's sake'. The following night he went into the garden of his house. Beside a well, situated close to his master's bedroom, he began to take off his clothes, tearing them with a sword, speaking unintelligible words, and making such an uproar that his master awoke suddenly and thought an evil spirit had emerged from the well. He discovered his slave in a frightening condition, and sent Andrew to the Church of St Anastasius the next day because he believed that Andrew was possessed by a demon.⁹² He commended Andrew to a

⁹⁰ Festugière, *Vie de Théodore de Sykéôn*, i. 143 f., 147 f.; see also ii. 265. There malign spirits are surely the *keres* of antiquity, who were originally the ghosts of the dead. See Rosen, *Madness in Society*, 75.

⁹¹ See the magisterial survey of Patlagean, *Pauvreté économique*, esp. pp. 111–12 and her preceding discussion of leprosy, the 'new lamentation', in early Byzantine society.

⁹² According to the Life of Irene, the Church of the Blachernai also served as a refuge where the impoverished sick went to be cured; see G. da Costa-Louillet, 'Saints de Constantinople aux VIII^e, IX^e et X^e siècles', *Byzantion*, 24 (1954), 187. Churches in 4th-cent. Gaul also appear to have harboured the possessed: see Aline Rousselle, 'From Sanctuary to Miracle-Worker: Healing in Fourth-century Gaul', in *Ritual, Religion, and the Sacred: Selections from the 'Annales: Économies, Sociétés, Civilisations'*, ed. R. Forster and O. Ranum, 7 (Baltimore, 1982), 121.

guard and paid him handsomely to look after this slave. Andrew stayed in the church with others and experienced numerous visions, spoke incoherently, and prayed. When he had spent four months shackled in the Church of Saint Anastasius, the guards declared that, instead of being healed, his malady had worsened. His master was informed, and he ordered that they set Andrew free 'as an incurable'. From that time, Andrew spent his life roaming through the streets of Constantinople as a poor, ragged, and hungry beggar, preaching against avarice and luxury, speaking in tongues, and performing miracles.⁹³

Second, the brief account of Mark the Mad is associated with the Life of Daniel, who lived in the famous Egyptian desert retreat of Scetis in the sixth century, and his Life was apparently quite popular in the Christian Orient. One day Abbot Daniel went to Alexandria with one of his pupils; it was customary for him to visit his father in the city at the time of the great festival, presumably Easter. As they made their way to the main thoroughfare of Alexandria, the abbot and his student saw a man, naked except for a loincloth. The man acted like an idiot, and there were other madmen with him. The man snatched up things in the marketplace and handed them over to his cohorts, and he gave them most of his daily allowance. His name was Mark, son of Hippos. The whole city knew him because of his stupidity. The next day, Daniel found Mark and, recognizing his true nature, ran after him; he grasped hold of Mark and cried out for help while the fool struck the old man. A large crowd gathered, including Daniel's student and other clerics, and they urged him not to suffer Mark's arrogance. Daniel retorted that they were the fools, and he had them bring Mark to his father, who fell to Mark's feet and implored him to reveal who he was. Mark agreed and confessed that he had been a monk and had been completely dominated by the demon of unchastity for fifteen years. He had left the city and become an ascetic for eight years, and then returning, he made himself an idiot for eight more years to that very day. Shortly thereafter, Mark died and was mourned by all the people of Alexandria and the ascetics of the desert.⁹⁴

⁹³ S. *Andreae Sali: Vita* in *Patrologia Graeca*, 111 (1863), cols. 627–888. There is considerable controversy about the dating of these events, if not the existence of Andrew altogether. See Sara Murray, *A Study of the Life of Andreas the Fool* (Leipzig, 1910) for the older literature on this topic, and more recently, J. Wortley, 'The Relationship between the *Vita* and the Cult of Saint Andrew Salos', *Analecta Bollandiana*, 90 (1972), 137–41; C. Mango, 'The Life of Saint Andrew the Fool Reconsidered', *Rivista di Studi Bizantini e Slavi*, 2 (1982), 297–313; Lennart Rydén, 'The Date of the *Life of Andreas Salos*', *Dumbarton Oaks Papers*, 32 (1978), 127–55.

⁹⁴ Léon Clugnet, 'Vie et récits de l'abbé Daniel, de Scété', *Revue de l'Orient chrétien*, 5 (1900), 60–2.

And third, Evagrius, who wrote in Antioch at the end of the sixth century, tells us about a group of ascetics in the first half of the fifth century who were holy fools in all but name.⁹⁵ They were called *boskoi*, the grass-eaters; abstaining from bread, they lived only on wild herbs and plants. Homeless and animal-like, they wandered over the mountains singing the glory of God. Apparently, some of these hermits left the wastelands and returned to the cities. They did not change their unusual ascetic style but continued to go naked, except for a loincloth, and to fast, pray, and heal the sick. 'On top of that they pretend to be mad, doing things that would normally be incompatible with asceticism, like eating openly and associating with women, even bathing with them. All this is possible because in the desert they have acquired *apatheia*, a complete insensibility and lack of desire or, if you like, a complete self-control.'⁹⁶ For Evagrius, this was the highest form of asceticism although the hermits were badly treated and humiliated.⁹⁷ Subsequently, Evagrius describes specifically Simeon Salos, who lived during the reign of Justinian I. Originally from Edessa, Simeon became a monk in Palestine, but he left monastic life because of the temptations of spiritual pride and the inability to convert others. About AD 531 he came to Emesa, where he lived as a solitary, but when he appeared in the streets of the city, he seemed completely mad. Evagrius' depiction of Simeon attests to his miraculous powers but does not explain how he attained his sanctity.⁹⁸

In the middle of the next century, Leontios, bishop of Neapolis in Cyprus, wrote a much fuller history of Simeon as the exemplar of the holy fool.⁹⁹ After thirty years as a *boskos* in the Jordan Valley, Simeon had gained complete self-control. Returning to Emesa, he embarked on a career of feigned madness, which is revealing about how one demonstrated madness and the reception of such behaviour:

On a dung-heap outside the city he found a dead dog. He took off the cord belt that he wore and tied it to the dog's foot. Dragging it behind him, he ran through the city gates, close to a boys' school. When they saw this spectacle, the children began to shout, 'The monk's mad!' and ran after him, boxing his ears. The next day which was a Sunday, Simeon took some nuts and entered the church. At the beginning of the Liturgy, he threw them and extinguished the candles. When

⁹⁵ Evagrius, *The Ecclesiastical History*, ed. J. Bidez and L. Parmentier (London, 1898), 29–32.

⁹⁶ Rydén, 'The Holy Fool', 107.

⁹⁷ Ibid. 108.

⁹⁸ Ibid.

⁹⁹ See Lennart Rydén, ed., *Das Leben des Heiligen Narren Symeon von Leontios von Neapolis* (Studia Graeca Upsaliensia, 4; Stockholm, 1963) = *Léontios de Néapolis, Vie de Syméon le Fou et Vie de Jean de Chypre*, ed. and trans. A. J. Festugière and L. Rydén (Bibliothèque archéologique et historique, 95; Paris, 1974), 1–252 (including a study of St Sabas the Younger as an appendix).

they rushed to throw him out, he went up into the ambo and attacked the women with nuts.¹⁰⁰

While secretly leading an ascetic life, he appeared to the people of Emesa as a fornicator, a glutton, a drunkard, a fool, an heretic,¹⁰¹ and an epileptic, and he was treated harshly. The holy man's methods were ingenious but often coarse. On one occasion Simeon and a number of beggars were warming themselves in a glass-blower's shop. "The glass-blower was a Jew. "Do you want a good laugh?" Symeon asked the beggars. "For every glass the glass-blower makes I will make the sign of the cross, and the glass will break." In this way the glass-blower broke seven glasses in succession. When the beggars told the Jew that it was Simeon's fault, he threw him out of his shop. But Simeon said, "You son of a bitch, until you make the sign of the cross on your forehead you will break everything." The Jew broke thirteen more glasses in succession. Then he gave up and became a Christian.¹⁰² In general, Simeon acted foolishly and often indecently. He pretended to be lame, but at other times he would jump about or drag himself along on his buttocks like a cripple or trip others up.

When the new moon appeared he stared at the sky and fell to the ground, trembling like an epileptic. He also made proclamations, as it were. This is the best method, he said, for those who feign foolishness for the sake of Christ. For in this way he could denounce sinners and stop them from sinning. He could send them punishments. He could make predictions, while people thought that he was one of those who proclaim and prophesy under the influence of demons. Thus Simeon exposed some as thieves, others as fornicators, still others as perjurers or as evaders of communion.¹⁰³

Some thought that Simeon was an impostor, others that he was a saint, and still others that he was insane, being inspired by the devil. When Simeon died, the ambiguity was removed; it became clear to the people of Emesa that he had been inspired by angels—he had played the fool for the sake of Christ.¹⁰⁴

Furthermore, the Life of Saint Maro illustrates the conventions of the holy insane in the Christian Middle East. By feigning madness, the saint tried to drive away the large numbers of sick and possessed who were attracted to him. He cleverly presents the popular stereotype of the madman, and the people are equally clever in not being put off by his ruse. The biographer of the saint says:

¹⁰⁰ Quoted in John Saward, *Perfect Fools* (Oxford, 1980), 19.

¹⁰¹ See Patlagean, *Pauvreté économique*, 135–8.

¹⁰² Ibid. 109–10.

¹⁰³ Rydén, 'The Holy Fool', 110.

¹⁰⁴ Ibid.

He would speak to the people with simple and ridiculous words and, like a fool, say, 'Why do you come to a madman? Pray, have you seen anyone fouler than I am? For I am bound to this stone like a malefactor, or like a vicious dog that is bound by a chain, so that he may not escape and do harm. Do you not know that, if I were free to go, I should, like each of you, have both made a house for myself and had a wife and children? Or do you not understand that, in my case, also, it is on account of my sins and my spots and my crimes that God bound me to this stone, like a judge who puts a criminal in bounds?' But those who knew the blessed man's character and way of life used to say when they heard these things: 'Yes, sir, we also are come as to a criminal, and as to one who is bound; for a man goes and sees even murderers when they are bound in prison.'¹⁰⁵

This brief account of the holy anti-hero, Saint Maro, is quite revealing about the cult of the saints, which played on the ambiguity of madness and holiness. The comparison to the criminal, particularly, suggests that the violent or dangerous madman was put in prison, as in antiquity.

These accounts from the Byzantine Saints' Lives are paralleled by the Lives of the Eastern Church, whose churches and monasteries also succoured the insane. The story is even told that the original success of the Eastern Church in Persia was the result of an exorcism. Awgīn was the first to found a Christian monastic settlement in Mesopotamia, near Nisibis, in the fourth century, and he was summoned to the Sassanian court. The Persian king, Sapor, had two sons; one had been slain by the heretic Mānī, and the other was possessed by a devil. When the shah saw the power of Awgīn, he brought his son to the holy man, who expelled the devil, and Awgīn prodded the devil until he confessed that he was the god of the Magians and exposed the wickedness of his followers. In return, Sapor gave Awgīn the right to missionize the empire.¹⁰⁶

Miraculous healing, or the claim to it, seems to have played an important role in the missionary success of the Syriac Church in the Orient, despite periodic persecutions by the Sassanian kings. The persecution of Christians under King Yazdegard II (AD 438–57) led to the martyrdoms of Pethion, a Christian hermit who was renowned for his healing miracles, and his two aristocratic converts, the Mobed (or Zoroastrian priest) Adurhormizd and his daughter Anahid; their dramatic story has become almost a legend of the Eastern Church. Before the persecution, Adurhormizd had been a learned and just man, and he had been very fond of his only child. One day she was afflicted by an evil spirit that troubled her continually. Many Jews, Manichaeans, and Magian sorcerers visited her, but she grew worse. Adurhormizd was

¹⁰⁵ John of Ephesus, *Lives of the Eastern Saints*, 68.

¹⁰⁶ E. A. Wallis Budge, trans., *The Book of Governors*, vol. i, p. cxxix.

told about the holy man Pethion and the healing power of his prayer. He sent Anahid to Pethion, and as she neared his cell, the demon cried out:

'I am not going to that evil and murderous sorcerer.' Only by using considerable force did they manage to bring her to him. When they had brought her in to his presence, the evil demon started shouting, 'What have I got to do with you, the hateful opponent of our number? You have chased us out like your Master, you have caused us a great deal of trouble just as did your Lord. I have not done you any wrong, sir, so do not drive me out of my house where I live.'

When the evil demon had spoken like this, the holy man addressed it, 'In the name of our Lord Jesus Christ, you have no authority to stay any longer in her; shut your mouth and get out of her, quickly.'

Thereupon the girl fell down on the ground as though dead, and the blessed man ordered everyone out. Only the son of her tutor was allowed to stay. Then the holy man fell down and prayed. Finishing his prayer, he laid his hand on her, and immediately the demon departed from her, complaining loudly. She herself recovered, and stood up, whereupon she ran and prostrated herself before the holy Pethion, kissing his feet as she said, 'You have restored to me my lost life.'¹⁰⁷

She returned to her father, and two years later he intended to marry her off, when she developed leprosy. Anahid again went to Pethion and stayed with him for three months until she was cured. Pethion urged Anahid to convert to Christianity as a protection against all her sicknesses. She was persuaded by a dream and was baptized, but she refused to return home. Eventually, her father brought her home and discovered that she had converted. He blamed Pethion and would have had him punished, but Adurhormizd realized the power of the holy man and asked him for instruction in the Christian faith. After ten days of discussion, Adurhormizd decided to convert and was baptized. During the persecution, however, Adurhormizd was killed, and his daughter was very cruelly tortured to death; both she and her father were believed to be mad for being attracted to Christian magic.¹⁰⁸

One man's madness is another man's truth. Of course, such persecution actually aided Christian conversion by supplying local martyrs for the cause. As a result of missionary activity, the number of pagans declined rapidly in the late Sassanian Empire. It should be recalled that the pagans also practised exorcisms. Sorcerers were the most typical practitioners of paganism by the late Sassanian period.¹⁰⁹ The

¹⁰⁷ Sebastian P. Brock and Susan A. Harvey, trans., *Holy Women of the Syrian Orient* (Berkeley, Calif., 1987), 82-3.

¹⁰⁸ *Ibid.* 83-99.

¹⁰⁹ 'They mumbled incantations, chanted the liturgy of demons, calling on them by name, and smearing themselves with excrement. The style of the exorcism, in which a sorcerer claimed

reputation of the pagans for magic was eventually recognized by Muslims; it was the clearest sign of irreligion and was branded as heretical. In the meantime, the pagan gods were demoted to demons by Christians, and Christian exorcists claimed to wield an even greater power than the pagan practitioners because their power was from a single, all-powerful, and benign god.

For example, the biography of Rabban Bar-'Idtā (d. AD 612) tells the story of a Persian soldier who was brought to the saint's monastery:

And through the violence of the devils in him he was bound carefully with cords. Now as they were bringing him into the martyrion to bind him with the chain which was there, the coenobite Terīs-Ishō' happened to meet the soldier. And in the humility of the power of our Lord, he drew nigh, and took hold of the man's hands, and straightway his devil cried out and left him, and he came to his senses, and they brought the soldier to Rabban, and having learned about him, he praised his Creator.¹¹⁰

Thomas, bishop of Margā, gives another example of the Eastern saints' power to heal the insane:

And a certain Persian woman having been made by devils their abode, the poor creature was grievously vexed by them, and she used to come against everyone who passed near unto her with foul abuse and stone-throwing; and her kinsfolk having brought her to Rabban, she tarried in the martyrion the whole night, and with the dawn our Lord gave to her freedom from the subjection to the devils. And after she had been made whole she related to her neighbours, saying, 'An old man came to me in the night, and he laid hold of those black beings [*literally*, 'Ethiopians'] which clave to me, and he smote them, and with abjurations forbade them to come near to me again, and they fled and they have not [come] again'; and thus being made whole she returned to her house.¹¹¹

The possessed often resorted to, and received the care and possible healing of, the Church. This procedure seems, moreover, to have been taken for granted in a world where demonic possession was commonplace. For example, a fifth-century Syriac law-book deals matter-of-factly with a man's divorce of his wife because of her mental or physical

he had authority from one of the gods to expel demons, came ultimately from the white-robed *āshipu* (Ak.) priests of ancient Babylonia. Sorcerers are depicted on incantation bowls as human figures with long hair, wearing star-covered robes, and standing with their arms outstretched or raised at the elbows, with fingers spread out, in an attitude of invocation or exorcism' (Morony, *Iraq*, 392).

¹¹⁰ E. A. Wallis Budge, ed. and trans., *The Histories of Rabban Hormīzd the Persian and Rabban Bar-'Idtā*, ii: 1 (London, 1902), 220; see also pp. 208, 261, 273, 278 f. for other instances of exorcisms. See the very helpful survey by J. B. Segal, 'Mesopotamian Communities from Julian to the Rise of Islam', *Proceedings of the British Academy*, 41 (1955), 109–39.

¹¹¹ Budge trans., *The Book of Governors*, ii. 609.

illness—the former being demonic possession.¹¹² As in Byzantium, the harmless madman and woman who were not cared for by their families might be left to their own devices, surviving on the charity of others. If violent—a danger to themselves or to others—the deranged might be thrown into prison or worse.

In sum, the family or friends of the mentally disturbed, whether violent or pacific, would probably seek, at some time, religious healing for the afflicted. Initially, a quick cure might be sought in a church that was known for its healing miracles; the violently insane would be chained to the walls of the church in the hope of supernatural cure—a Christian form of incubation.¹¹³ Such a Christian practice was usually associated with St George, and such miraculous healing survived in the Coptic Church in Egypt until recent times.¹¹⁴ Another such church with its shrine still exists in Artas near Bethlehem.¹¹⁵ It is reasonable to assume that such cures were often temporary, and the insane population could hardly be allowed to stay indefinitely in a church. A local hospice might care for the insane. Or the family and friends of the deranged might resort to the monasteries, which generally performed the necessary function of intermediaries between the poor and the charitable, as in Byzantine Palestine.¹¹⁶ The monastic churches were, naturally, also places of healing like the urban churches. For example, at the end of a description of the consecration of a new church at the monastery of St Macarius in Wādī n-Naṭrūn, near Alexandria, in the mid-seventh century by the patriarch Benjamin (d. AD 665), it is claimed that the saint could heal all maladies, spiritual and physical. The latter is illustrated by the story of Anatolios the magistrate (*archon*), who brought his leprous son to the consecration. After the ceremony, the boy slept in the church and cried out in his sleep; when he was awakened by one of the old monks, he had been healed of his disease. On being questioned by Benjamin about the miracle, Anatolios' son described a dream in which a great, bearded monk had touched his whole body and he had cried out from the pain; the monk, which was, of course, St Macarius, raised the boy's garment over his head, and the boy saw that his sores adhered to

¹¹² Karl G. Bruns and Carl E. Sachau, *Syrisch-Römisches Rechtsbuch aus dem fünften Jahrhundert* (Leipzig, 1880), paras. 114, 115. Para. 114 concerns the legal implications of the divorce where (a) the wife has become possessed by a demon since her marriage and (b) the wife was possessed before her marriage but it was unknown to her husband.

¹¹³ See, for example, 'Vie du moine Rabban Youssef Bousnaya', trans. Jean-Baptiste Chabot, *Revue de l'Orient chrétien*, 3 (Paris, 1898), 92; cf. p. 96.

¹¹⁴ See F. W. Hasluck, *Christianity and Islam under the Sultans* (2 vols.; Oxford, 1929), i. 326 *et passim*.

¹¹⁵ T. Canaan, *Mohammedan Saints and Sanctuaries in Palestine* (London, 1927), 120–5.

¹¹⁶ Patlagean, *Pauvreté économique*, 194 f.

his clothing and that he was cured. The account is also significant in that the Arab conquest of Egypt is never mentioned; rather, the description conveys the relief of the Coptic Church from Byzantine domination and the expansion of the Church in the early Islamic period, as seen in the rebuilding of the monastery and the persistence of healing rituals.¹¹⁷

Specifically, the monasteries were ideal refuges for the mentally deranged, for they were well suited as ersatz asylums for the chronically ill. For example, it is claimed that the first lunatic asylum was the underground monastery at Derinkuyu, in Cappadocia.¹¹⁸ The claim is surely exaggerated, but it points to what was probably a common, but poorly documented phenomenon. Moreover, we know that the Byzantine Church, at least from the early sixth century, gave its support to the Roman institution of curatorship to protect the weak and infirm.¹¹⁹ Justinian I exempted the higher clergy and particularly the monks from tutorship and curatorship in AD 531—'not only of wards and of adults, but also of the insane and of the dumb and of the deaf and of other persons, to whom by the old laws tutors or curators are given'.¹²⁰ The intent of the exemption was to extricate the clergy from secular affairs, but the clear implication of the law was that priests and especially monks had assumed the responsibility for the infirm in the past and were continuing to do so.

The best illustration of the monastic care of the insane in the East was the Syrian community known as the Ezechial or Heracleian Monastery.¹²¹ The later Arabic sources mention an independent insane asylum at Dayr Hirqil (Monastery of Ezechial). It was located in an-Nu'māniya, a town between Baghdad and Wāsiṭ in lower Mesopotamia that had been founded by the Lakhmids.¹²² Apparently, the care for the insane dated from before the Arab conquests; it clearly continued to function as a madhouse in the ninth and tenth centuries AD.¹²³

¹¹⁷ Agathon, *Livre de la consécration du sanctuaire de Benjamin*, ed. and trans. René-Georges Coquin (Cairo, 1975), 170–83.

¹¹⁸ Omer Demir, *Cradle of History, Cappadocia: Derinkuyu* (Ankara, c.1980), 23. The care of the insane is not mentioned by Lyn Rodley in her more scholarly *Cave Monasteries of Byzantine Cappadocia* (Cambridge, 1985).

¹¹⁹ See the mandate of Justinian I on episcopal interest in guardianship, AD 530 in Paul R. Coleman-Norton, *Roman State and Christian Church* (3 vols., London, 1966), iii. 1065.

¹²⁰ Coleman-Norton, *Roman State*, 1109.

¹²¹ Al-Mas'ūdi (c. AD 956) gives the latter name (Dayr Hiraql): *Les Prairies d'or (Murūj al-dahab)*, ed. and trans. C. Barbier de Meynard and Pavet de Courteille (Paris, 1914), vii. 197–8. See also Jean M. Fiey, *Assyrie chrétienne: Contribution à l'étude de l'histoire et de la géographie ecclésiastiques et monastiques du nord de l'Iraq* (3 vols.; Beirut, 1965–8).

¹²² For the Lakhmid dynasty, see EI2, s.v. 'Lakhmids' (Irfan Shahid).

¹²³ Abū l-Faraj al-Iṣfahānī, *Kitāb al-Aghānī*, pt. xviii. 30; Ya'qūbī, *Kitāb al-Buldān*, in *Bibliotheca Geographorum Arabicorum*, vii. 321 = Ya'qūbī, *Les Pays*, trans. Gaston Wiet

These patterns of Christian belief and action formed the cultural matrix in which Muslim attitudes toward insanity would evolve. This context can be seen quite vividly in two accounts, one from Mesopotamia and the other from Egypt. The first is an extraordinary incident in the Syriac Life of Rabban Hōrmīzd. The Life describes at considerable length a possession, an unsuccessful exorcism, and a resurrection, which probably occurred in the seventh century AD. John, a 12-year-old boy who was vexed by an evil spirit, was brought by his family to the monastery of Rabban Hōrmīzd in Margā, and the boy remained there for twenty-nine days. 'And he was most grievously worked upon by that devil, for he was tortured by him in such wise that he broke his fetters and tore his garments in rags off his body, and bit off the flesh of his arms with his teeth and gnawed it, and those who were with him were in such sore tribulation that they were unable to leave him at any time, either by day or by night, lest quickly and speedily his life should be destroyed by the devil who was contending against the young man.' While the whole monastic community prayed for him, the boy died. Rabban Hōrmīzd heard the cries of the family and eventually joined them disguised as a stranger out of a desire for humility. 'Behold,' they cried, 'it is now thirty days since we brought him [hither] in the hope of his being cured of the wicked devil which was living in him, but he choked and died this evening at sunset.' The saint quieted them, and reassuring them that the boy was not dead, he asked them to leave him for a while. Rabban Hōrmīzd prayed and raised John from the dead. He spoke with Satan in Persian and drove him away, yet the devils continued to torment the holy man.¹²⁴ Moreover, Rabbān Hōrmīzd performed a large number of miraculous cures, including exorcisms, during the rest of his life.¹²⁵ What is more significant, and more reliable,

(Textes et traductions d'auteurs orientaux, 1; Cairo, 1937), 164; al-Qazwinī, 'Ajā'ib al-makhlūqāt, ed. Heinrich F. Wüstenfeld (Göttingen, 1848-9), pt. 2, pp. 314-15; the Tale of the Mad Lover in *The Book of the Thousand Nights and a Night*, trans. Burton (New York, 1934; repr. 1962), iii. 1705-7. See also Adam Mez, *The Renaissance of Islam*, trans. S. K. Bakhsh and D. S. Margoliouth, 1st edn. (Patna, 1937), 377; M. Streck, *Die alte Landschaft Babylonien nach dem arabischen Geographen* (Leiden, 1901), ii. 301-3; Vööbus, 'Einiges über die karitative Tätigkeit', *Contributions of Baltic University*, 51 (1947), 21. Ritter names, without documentation (*Das Meer der Seele* (Leiden, 1955), 165), Dayr 'Aqūl, south-east of Baghdad, as another monastery that cared for the insane; none of the 10th-cent. geographers mention this function (e.g. Ya'qubi, *Les Pays*, i. 164; Yāqūt, *Jacut's Geographisches Wörterbuch*, ed. H. Ferdinand Wüstenfeld, ii (Leipzig, 1867), 676-7), but it is mentioned in the accounts of the 'wise fools' (see below). See *El2*, s.v. 'Dayr al-'Aqūl' (A. A. Duri).

¹²⁴ E. A. Wallis Budge, ed. and trans., *The Histories of Rabban Hōrmīzd the Persian and Rabban Bar-'Idtā*, vol. ii, pt. 1, pp. 31-40; see the same story in *The Metrical Life of Rabban Hōrmīzd*, ed. and trans. E. A. Wallis Budge (London, 1902) vol. ii, pt. 2, pp. 346-55.

¹²⁵ See Wallis Budge, *The Histories of Rabban Hōrmīzd the Persian and Rabban Bar-'Idtā*, vol. ii, pt. 1, pp. 68-73, 83, 147 ff.

than the miracle itself, is the circumstance of the resurrection of the young boy. It was apparently common to bring the chronically disturbed to a monastery for refuge or healing with the hope that a divine cure could be effected where all else had failed.

The second account tells of the exorcism of a boy by St Pistentius, a contemporary of Muḥammad. Pistentius spent most of his life as a monk in Upper Egypt and was elected bishop of Qift about AD 598. His *Life* comprises an introduction and fifty-five 'wonders' that are set forth in the form of a homily to be read on the saint's festival, 7 July: 'May he intercede for us that the Lord may heal our sicknesses and cure our infirmities and pardon our offences.'¹²⁶ John, one of the saint's disciples, describes the twenty-fourth miracle:

One day they brought to him a boy aged twelve years in whom was a devil, as his father told us. And the boy's father asked him saying: 'O father, sign him with the sign of the cross, for the jinn which is in him is a cruel jinn.' And the saint asked the father saying: 'How long has this jinn come to him?' And the father said: 'Since he was seven years old. I swear by thy acceptable prayers, O father, that it often casts him to the earth and bellows at him like the camels, and his eyes are filled with blood from the severity of what takes hold of him, and very often every one despairs of him and our hope of his cure is checked. But we say that thou wilt master him. So now act righteously, lovingly, and mercifully.' At once he called for me, John, and said to me: 'Go into the church and bring me a little of the water from the font of the congregation that I may make the sign with it on the child, for I perceive that the devil tries him greatly.' So I went into the church, as my holy father ordered me, and filled for him a little measure of water from the font which was near the altar and brought it to my father the holy Anba Pistentius, and he made the sign of the holy cross upon it in the name of the Father and of the Son and of the Holy Spirit, One God. Then he said to the man: 'Take thy son home and at thy arrival give him some of this holy water which I give thee from the church font, and believe in the Lord with strong faith. He will be healed from the evil affliction which vexes him.' My holy father advised this man to give him to drink from the water which was in his hand, and so the devil would go away in haste. And men wondered at that father and related that the holy Anba Pistentius had cast out the devil from the son of such a one. And when that man took his son to bring him home, as he informed us when he returned to us and said: 'When I went from you I gave him to drink of that water and then the devil cast him to the ground and threw him down for a while and cried out in him saying: "O Pistentius, dost thou mark me with thy finger and expel me from my dwelling?"' And at once he departed from the youth who was purified from his disease caused by the jinn.' And as for my holy father Anba Pistentius when he heard from this man (he said), 'Everything is

¹²⁶ *The Arabic Life of S. Pistentius*, ed. and trans. De Lacy O'Leary (PO, 22; Paris, 1930), 325.

obedient to the believer, and especially the water from the tank at the altar cures every one who has conviction in true faith. Do not suppose, O man, that the gift of God is given to everyone like his warning, but the power of God is actually present in his holy church, and in those churches which heal all those who visit them with upright faith and righteous hearts. But I am too humble for such functions as these.' And when he had said these words, this man went away from him and glorified God and his saint Anba Pisentius. May his intercession protect us. Amen.¹²⁷

The continuance of Christian faith-healing in the early Islamic era is not at all surprising because, on the one hand, the majority of the population in the central Middle East remained Christian for another two or three centuries after the Arab conquests in the mid-seventh century and made up a substantial minority thereafter; on the other hand, Islam provided initially no comparable religious healing. On the first point, the tradition of miraculous healing apparently remained quite strong in the Eastern Church throughout the Middle Ages. Early modern collections of incantations in Syriac show a blending of ancient and medieval elements, which have been well preserved because of the inherently conservative nature of the material, and suggest what was common practice. The incantations could be used for charms and talismans as well as for actual exorcisms. Aside from sickness, they were directed against a wide range of fears and anxieties, from the disquiet of a man going to court to protection against sorcery. Concerning illnesses, it is noteworthy that the illness is often addressed directly as a demon, for all ailments were thought to be caused by specific spirits. This practice was common also among the Jews; for example, leprosy might be identified with the demon 'Hamaṭ' and melancholia with the spirit 'Ben Nephalim'.¹²⁸ The following protective device against insanity is entitled 'The Anathema of Mar Thomas [*read* "Thaumasios"] which is of Avail for the Spirit of Lunacy'.¹²⁹ It was accompanied by an illustration showing the equestrian figure of Mar Thaumasios, who cannot be identified, defeating the spirit of lunacy, which was probably styled after the common portrayal of St George of Lydda and the dragon. (See Plate 3.)

¹²⁷ *The Arabic Life of S. Pisentius*, ed. and trans. De Lacy O'Leary (PO, 22; Paris, 1930), 397–99, see also a comparable exorcism by St Pisentius, p. 333.

¹²⁸ *The Book of Protection, Being a Collection of Charms*, ed. and trans. Hermann Gollancz (London, 1912), p. xx; see also idem, 'A Selection of Charms from Syriac Manuscripts', *Actes du XI^e Congrès international des Orientalistes, Paris, 1897*, section 4 (Paris, 1898), 77–97.

¹²⁹ Dr Sebastian Brock kindly pointed out to me Gollancz's misreading of this name. Unfortunately, the manuscript, along with others in the Library of University College, London, was destroyed in the Second World War, but it was published by its former owner Sir Hermann Gollancz.

The anathema and drawing are taken from a Syriac collection of incantations that probably dates from the sixteenth century.

In the name of the Father, the Son and the Holy Ghost. The prayer, request, petition and supplication of Mar George [*sic*] the glorious martyr who lived in the mountain for forty years. He was torn as rags, and blood flowed from them [i.e. the rents made in his flesh]; and he prayed and said: 'O Lord, God of Hosts, I beseech thee and supplicate thy grace, and ask the same request which was common to Peter, Paul, and Gabriel, chief of the angels, on account of the spirit of Lunacy. I bind you away from the three hundred and sixty-six members of the one who carrieth these writs, and you are bound by me, O Evil Spirit of Lunacy, and you have not the power to reside in the body and soul of the one who carrieth these writs, but you will needs go forth from the bones, from the sinews, from the flesh, from the skin, and from the hair unto the ground, and from the ground (passing on) to iron, and from iron to stone, and from stone (you will pass on) to the mountain. This writing must be sealed, Amen! Amen!'¹³⁰

The discrepancy in the attribution of this entirely Christian incantation to two holy men, Thaumasio and George, is unhelpful in identifying the author of this prayer-within-a-prayer. Nevertheless, the prophylaxis is obviously strengthened by the authority of a saint; indeed, the saints were an integral part of the Syriac anathemas, unlike the Islamic amulets and talismans.¹³¹ Then follows the common pattern of an exorcism: invocation and identification of the supernatural power, command, and prevention of the spirit's return. Whoever carried this incantation was protected from possession by the evil spirit that causes insanity. The sixteenth-century book of incantations also includes a magical method of diagnosis that has nothing to do with apotropaic devices. If you added together the numerical value of the sick person's name and his mother's name and subtracted nine, the resulting number would indicate the

¹³⁰ Gollancz, *The Book of Protection*, no. 12 = 'A Selection of Charms', 90-1. Cf. the incantation against insanity in Codex B (Gollancz, *The Book of Protection*, no. 11): 'In the name of the Father . . . So also now, O Lord, God of Hosts, I ask of thee on behalf of thy servant who carries these writs (regarding) the bitter sickness which is called "lunacy": mayest thou send the angel which bears words of compassion and of healing, and may he who carries these formulae be healed from the sickness of lunacy, through the prayer of Mar Jacob [James, called the brother of Jesus], who was killed by the violent Jews with a fuller's club at the time when he suffered martyrdom. Thou, O Lord, aid him carrying these writs. Amen!' Aside from a number of omnibus incantations against sickness, some of the spells in Codex A are directed specifically at psychic maladies, e.g. pains in the head (*The Book of Protection*, no. 12), evil apparitions (no. 22), the evil eye (no. 23), the binding of sorcerers (no. 42), the prayer of Mar Shalita for the prevention and cure of possession (no. 46), and the healing of the bewitched (no. 51).

¹³¹ See E. C. D. Hunter, 'Saints in Syriac Anathemas: A Form-Critical Analysis of Role', *Journal of Semitic Studies*, 32 (1987), 83-104.

nature of the illness and when it began. For example, if the remainder were six, the malady began on Friday and was madness.¹³²

On the second point, the persistence of Christian healing and the resort to it by Muslims in the early Islamic period can be seen quite well in the Life of John of Daylam. John of Daylam, whom we have already encountered, was an East Syrian saint who was born in Ḥaditha, in north-eastern Iraq, and entered the monastic life at an early age.¹³³ As a result of a famine, the monks dispersed, and John followed his teacher and lived for many years as an anchorite in the mountainous region in north-eastern Adiabene. After his mentor's death, he was captured by raiders from Daylam, the territory south-west of the Caspian Sea.¹³⁴ John was taken back to Daylam, where he was initially believed to be a sorcerer because of his curse on the pagan (presumably Zoroastrian) chief and his nine sons, who all died in rapid succession. John miraculously survived the tribe's retribution and escaped, but he stayed in Daylam for about thirty-three years as a missionary. He performed miracles, including healing, converting many to Christianity and founding numerous churches. Eventually, he received a vision that he should go to Fars, south-western Persia, and found three monasteries there. He travelled by way of Jerusalem, and about AD 701 he visited the caliph 'Abd al-Malik in Damascus. At this point the healing activity of this minor East Christian saint represents more than the shadowy backdrop to the mainstream of Islamic history. For according to one version of John's Life, John was received by the caliph with great honour. 'The king asked him to pray for his daughter who was tried by demons. She was healed, and the king, delighted, gave him royal gifts, which, however, he refused, asking the king instead for peace and calm for the Christian people, and for permission to build churches and monasteries wherever they wanted.'¹³⁵ And the king granted this, writing to his governor to finance the constructions of the holy man and to exempt the Church leadership from taxation throughout the empire. According to another version of the Life, John performed miracles in the Muslim capital, which the caliph learned about and requested John to heal his son who was tormented by a demon. John 'washed his cross (in water) and signed it over the child's head, whereupon he was healed'.¹³⁶

From Damascus, John travelled on to Fars by way of Baṣra, the provincial capital of Iraq, where al-Ḥajjāj was the infamous governor (AD

¹³² Gollancz, *The Book of Protection*, no. 54.

¹³³ Brock, 'A Syriac Life of John of Dailam', 123–89.

¹³⁴ See *Elz*, s.v. 'Daylam' (V. Minorsky).

¹³⁵ Brock, 'A Syriac Life of John of Dailam', 148–9.

¹³⁶ *Ibid.* 165.

694–714).¹³⁷ According to one version of the Life, John performed miracles of healing in this city too, and his fame reached the governor, who sent for the saint ‘in order to receive from him healing of an evil ulcer’. The verse panegyric of the Life continues:

The blessed man entered Ḥajjāj’s presence and gave him the document
In which the king commanded ‘Give the blessed man 12000 (pieces of
silver).’

The serpent [al-Ḥajjāj] asked him, ‘What is the reason for this money?’ to
which he replied, ‘Our Lord healed his son at my hands, and so he
gave it to me.’

The accursed man [al-Ḥajjāj] had cancer which could not be healed, but
the upright man healed him through the power of the Creator, by the
laying on of his hand.¹³⁸

Arabic sources report that al-Ḥajjāj did eventually die of cancer of the stomach. It is very likely that John of Daylam is the man whom the Arabic geographer Istakhrī described as ‘the Daylamite, the physician of al-Ḥajjāj’ after whom a bridge was named on the River Tāb (modern Mārūn) near Arragan, in south-western Persia,¹³⁹ where John built his monastery.¹⁴⁰ When John reached Arragan, he had to accredit himself, so he went out into the street and found the son of a notable who was possessed. John gave him some money to buy bread, cheese, and vegetables—a form of exorcism that apparently healed the boy. John also healed the daughter of the metropolitan of Fars who was troubled by a demon, as well as many others who were sick and possessed in Arragan.¹⁴¹ Furthermore, John revealed to the local population at the annual festival in honour of their pagan god that it was actually a demon; John commanded the demon to depart and it dutifully obeyed. Subsequently, he baptized the people, changed the festival to one commemorating Mar Sargis, and converted the temple precinct into a church dedicated to the same saint.¹⁴² For many years the demons tormented John and his monastery because of his destruction of the pagan temple, and he was, again, forced to exorcize the place.¹⁴³

¹³⁷ See *EI*2, s.v. ‘Al-Ḥadjdjadī ibn Yūsuf’ (A. Dietrich).

¹³⁸ Brock, ‘A Syriac Life of John of Dailam’, 167–8.

¹³⁹ *EI*2, s.v. ‘Arradjān’ (M. Streck–D. N. Wilber).

¹⁴⁰ M. J. De Goeje, *Bibliotheca Geographorum Arabicorum*, i (Leiden, 1870), 152, quoted by Brock, ‘A Syriac Life of John of Dailam’, 168.

¹⁴¹ Brock, ‘A Syriac Life of John of Dailam’, 169–70.

¹⁴² *Ibid.* 171, cf. p. 149.

¹⁴³ The Life of John states: ‘For twenty years the demons battled with him because of their idol temple. One day they struck down the sacristan as he sounded the semantron, throwing him down. The saint, however, healed him, and the next day he himself went up to sound the semantron. Seeing that he was unable to touch him, the demon went off to the kitchen and threw water on to the dough, spoiling it. On another occasion he also blew like a wind through

John's healing of the Arab aristocracy was not unique. The activities of two other East Syrian saints, Mar 'Abda and Khudhāhwī, are similar to those of John of Daylam. Mar 'Abda was from al-Ḥira and became a monk in the early Islamic era.¹⁴⁴ His work of conversion in Persia was greatly aided when he healed Marzūq, the nephew of a pagan chief, who had been stricken by an impure spirit (*min rūḥ najsa*). 'The Devil, who was afflicting him, departed, and God opened the heart of Marzūq, like Cornelius', presumably Cornelius the Centurion.¹⁴⁵ The whole family was baptized, and the people saw the devils fly away overhead like ravens. The people also complained to Mar 'Abda about the swelling (*an-nafkha*) in their bodies, and he healed them by giving them *ḥnana* to drink, a type of paste containing dust from saints' tombs, water, and sanctified oil that was commonly used by the Eastern Christians to cure the sick. Among various miracles, he is supposed to have cured 'Ubaydallah ibn Ziyād (d. 67/686), the amir of Iraq,¹⁴⁶ who was stricken by an ailment in his foot that prevented him from walking; when Mar 'Abda died at the end of the caliph Mu'awiya's reign (AD 662–80), 'Ubaydallah visited the saint's tomb.

Finally, Khudhāhwī was from Maīshan (southern Iraq) and had studied medicine with his uncle.¹⁴⁷ He became a monk and journeyed to the desert beyond al-Ḥira, where he built two monasteries. Khudhāhwī is reported to have baptized one of Mu'awiya's daughters who had a withered arm, and through the saint's intervention God healed her in two days. It would appear, therefore, from these accounts of the early Islamic period that, even if the stories are faulty in detail, the Arab Muslim élite resorted to Christian saints for healing as well as to Christian physicians.

the windows and made the flour for the dough fly up, scattering it all over the monastery buildings. In their affliction the brethren informed the holy man and he grabbed Satan, rebuking him with the word of God and drove him from the monastery, binding him so that he would not ever enter it again—and he never did, in accordance with the saint's word; nor was he ever seen there again' (ibid. 149–50).

¹⁴⁴ Addai Scher and Robert Griveau, *Histoire nestorienne (Chronique de Séert)* (PO, 13, part 2, fasc. 2; Paris, 1919), 586–9.

¹⁴⁵ Acts 10: 1–11: 18.

¹⁴⁶ EI1, s.v. 'Ubayd Allāh' (K. V. Zettersteen).

¹⁴⁷ Scher and Griveau, *Histoire nestorienne*, 591–4.

RELIGIOUS HEALING IN ISLAM

(A) MUḤAMMAD AND THE DEMONS

The revelation that was claimed by Muḥammad in western Arabia in the early seventh century AD is strikingly different from the revelation of Jesus with regard to illness and healing. Unlike the New Testament, the Qur'ān says nothing about miraculous healings and exorcisms, except, ironically, for relating Jesus' healing of the blind and leprous as well as his raising of the dead (3: 49, 5: 110). Muḥammad was not a miracle-worker, much to the consternation of his followers, who wanted some evidence of his prophethood, and much to the comfort of his enemies. Once, when asked to work wonders, Muḥammad replied simply: 'Glory be to my Lord! Am I aught but a mortal, a Messenger?'¹ He is never portrayed in the Qur'ān as a paradigmatic healer like Jesus.² Conversely, the everyday behaviour of Jesus, in such personal matters as health and hygiene, never became a normative guide for Christians, as Muḥammad's did for Muslims.

Aside from the miracles of Jesus, healing is referred to six times in the Qur'ān, where it may mean a spiritual or a physical restoration.³ The Qur'ān itself is twice called 'a healing': 'And we send down, of the Qur'ān, that which is a healing and a mercy to the believers; and the unbelievers it increases not, except in loss' (17: 82). And, 'Say: "To the believers it is a guidance, and a healing; but those who believe not, in their ears is a heaviness, and to them it is a blindness; those—they are called from a far place"' (41: 44). Because these passages were

¹ Sūra 17: 95. According to tradition, Muḥammad is said to have protested: 'Do not praise me as Jesus, son of Maryam, is praised, but say "the servant of God and His envoy".' See Ignaz Goldziher, 'Veneration of Saints in Islam', in his *Muslim Studies*, ed. and trans. C. R. Barber and S. M. Stern (2 vols.; London, 1971), ii. 257–60.

² Ibn Khaldūn's terse description of Jesus may be a representative Muslim view: 'The Messiah (Jesus) brought (the Jews) his religion, as is known. He abolished some of the laws of the Torah. He performed marvelous wonders, such as healing the insane and reviving the dead. Many people joined him and believed in him' (*The Muqaddimah*, Rosenthal trans., i. 476).

³ On the other hand, illness and disease are frequently mentioned in the Qur'ān; for example, see Hanna E. Kassir, *A Concordance of the Qur'an* (Berkeley, Calif., 1983), s.v. 'ghawl', 'marīḍ', 'marīḍa', 'marad', and 'saqīm'.

subsequently interpreted literally, the Qur'ān or its verses were often used in curative incantations, invocations, and prayers.⁴ Healing is mentioned in other verses, but the sense of *yashfī* appears to mean a spiritual healing rather than a physical one, as in chapter 9: 14: 'God will give you victory over them [the unbelievers] and heal the spirit of the faithful.' The medical metaphor is, perhaps, clearer in the following verse: 'O men, now there has come to you an admonition from your Lord, and a healing for what is in the breasts, and a guidance, and a mercy to the believers' (10: 57). Another allusion to healing occurs in a verse that contains the only reference to medicine in the Qur'ān, where honey is recommended as a medicinal: 'Then comes there forth out of their [the bees'] bellies a drink of diverse hues wherein is healing for men. Surely in that is a sign for a people who reflect' (16: 69). Naturally, medical principles could be extrapolated from other verses of the Qur'ān,⁵ but there is nothing so explicit as the acts of miraculous healing by Jesus and his followers in the New Testament. Moreover, the image of God as healer, which is central in the Judaeo-Christian tradition, is not prominent in the Qur'ān; still, the Qur'ān says that the God of Abraham will restore the believer when he is ill (26: 80). It would be logical to assume that God, who for Muslims is all-powerful and all-good, would have this quality. It is remarkable, yet consistent, that the characteristic of 'healer' is not one of the ninety-nine names or attributes that are usually ascribed to God in Islam.⁶

The fact that Muḥammad is not depicted as an exorcist in the Qur'ān or later traditions does not mean that his society was free of the belief in spirits and their possession of human beings. Quite the contrary. Aside from Christian, Jewish, and Zoroastrian influences in Arabia, the existence of preternatural jinn, or spirits, was a deeply rooted notion among the pagan Arabs, that was perpetuated by Islam.⁷ The nature and function of the spirits in the Qur'ān is, however, very complex and quite confusing because of the layering of heterogeneous views.⁸

⁴ For Shi'ī Islam, see Bess A. Donaldson, 'The Koran as Magic', *Moslem World*, 27 (1937), 254-66.

⁵ See Karl Opitz, *Die Medizin im Koran* (Stuttgart, 1906).

⁶ See *EL*2, s.v. 'al-Asmā' al-ḥusnā' (L. Gardet).

⁷ See esp. Julius Wellhausen, *Reste arabischen Heidentums, gesammelt und erläutert*, new edn. (Berlin, 1927), 147-67, including early Islamic magic, and G. van Vloten, 'Dämonen, Geister und Zauber bei den alten Arabern', *Wiener Zeitschrift für die Kunde des Morgenlandes*, 7 (1893), 169-87, 233-47; 8 (1894), 59-73, 290-2 (based on al-Jāhiz's *Kitāb al-Ḥayawān*), esp. vol. 7, pp. 233-9 on the insane (*majnūn*, *makbbūl*, etc.) and the magician.

⁸ See Toufy Fahd, 'Anges, démons et djinns en Islam', *Sources orientales*, 8 (1971), 153-214; *Bell's Introduction to the Qur'ān*, rev. by W. M. Watt (Edinburgh, 1970), 153; *EL*2, s.v. 'Djinn' (P. N. Bortav, K. A. Nizami, and P. Voorhoeve); A. S. Tritton, 'Spirits and Demons in Arabia', *Journal of the Royal Asiatic Society*, 2 (1934), 715-27; Constance E. Padwick, 'Notes on the

The jinn appear frequently in the early or Meccan portions of the Qur'ān, as in the common expressions 'jinn and mankind' (*jinn wa l-ins*). The Qur'ān says that the jinn were created of smokeless flame, whereas mankind and the angels—the other two classes of intelligent beings in the sublunar world—were created of clay and light, but their purpose was also to serve and worship God. Prophets were sent to them from God, so that they may be either believers or unbelievers. On one occasion, it is reported that some jinn became Muslims after having heard the Qur'ān recited by Muḥammad.⁹ The unbelieving jinn might go to hell, but it is not stated explicitly that the believers might go to heaven.¹⁰ Furthermore, it was commonly believed that everyone had a personal jinn, like the classical daemon, or *genius*. According to a late Muslim tradition, the Prophet's jinn became a Muslim and instructed him to do only what was right.¹¹

The jinn are closely associated with and are sometimes identified with the demons and 'satans' (*shayāṭīn*) in the Qur'ān. In one instance, the Qur'ān poses the rhetorical question: Who would turn to the powerless idols after hearing the truth of Islam? Whoever did so would be 'like one whom the demons captivated [or seduced]',¹² wandering bewildered in the earth while his friends called him to return to the right path (6: 71). The meaning appears to be clear: only the deranged would reject God's revelation. The *shayāṭīn*, usually headed by Iblis or Satan, are hostile to mankind but not to God, who is the arbiter between them. According to an *ḥadīth* of the Prophet, these demons are found in every person as blood circulates in his veins.¹³

Jinn and the Ghoul in the Peasant Mind of Lower Egypt', *Bulletin of the School of Oriental and African Studies*, 3 (1923–5), 421–46; L. P. Elwell-Sutton, 'Magic and the Supernatural in Persian Folk-Literature', *Actes, V^e Congrès internationale d'arabisants et d'islamistes, Bruxelles*, 1970 (Brussels, 1970), 189–96; Taufik Canaan, *Aberglaube und Volksmedizin im Lande der Bibel* (Abhandlungen des Hamburgischen Kolonialinstituts, 20; Hamburg, 1914), 6–27; idem, *Dämonenglaube im Lande der Bibel* (Morgenland, 21; Leipzig, 1929), 1–64, esp. for Arabic terminology; Lane, *Arabian Society in the Middle Ages* (London, 1971), ch. 2; Max Meyerhof, 'Beiträge zum Volksheiliglauben der heutigen Ägypter', *Der Islam*, 7 (1917), 317–28; R. Campbell Thompson, *Semitic Magic: Its Origins and Development* (London, 1908), ch. 1; S. H. Stephan, 'Lunacy in Palestinian Folklore', *Journal of the Palestine Oriental Society*, 5 (1925), 4–8; Samuel M. Zwemer, *The Influence of Animism on Islam* (London, 1920), 125–45. As these authors insist, there is a large but indistinct terminology for jinn.

⁹ Alfred T. Welch, 'Allah and Other Supernatural Beings: The Emergence of the Qur'anic Doctrine of Tawhīd', *Journal of the American Academy of Religion, Thematic Studies: Studies in Qur'an and Tafsir*, 47 (1979), 744; *EI2*, s.v. 'Djinn' (D. B. MacDonald–H. Massé).

¹⁰ Bell's *Introduction to the Qur'ān*, 153.

¹¹ Tritton, 'Spirits and Demons', 722.

¹² *Ka-lladhī istahwathu ash-shayāṭīnu*.

¹³ Fahd, 'Génies, Anges et Démones', 175–86.

Thus, where the jinn and *shayātīn* are evil, mischievous, or unbelieving in the Qur'ān, they are synonymous.¹⁴ Alfred Welch has pointed out that both terms drop out of use in the Qur'ān in the early Medinese period, that is, before the battle of Badr.¹⁵ Welch explains this as one facet of the larger evolution of Muḥammad's monotheism, which is reflected in the Qur'ān. Muḥammad gradually distinguished Allah from the other Arabian gods and semi-divine creatures associated with Allah and eventually eliminated them. The existence of jinn and demons was initially adopted in the Meccan period, but like the deities, the jinn were gradually demoted—from existing and powerful to existing and powerless—but their existence was never decisively denied. The Qur'ān ceases to mention the jinn after Badr, and 'all supernatural, but non-divine, power for good is focused in the angels, and all supernatural, but non-divine, power for evil or misfortune is focused in a single being, Shayṭān'. Shayṭān, or the Devil, is a symbol of evil, unbelief, and error, not an independent quasi-divine being.¹⁶

Welch's analysis of the jinn in the Qur'ān is quite persuasive, but his interpretation of the evolution of the notion in the Qur'ān is entirely alien to medieval Muslim views. Paradoxically, Muslims have adhered to the belief in jinn simply because it is mentioned in the Qur'ān, even though the jinn never appear as a strictly Islamic concept but, rather, as a pagan belief of Muḥammad's Meccan adversaries, who are simply quoted and responded to.¹⁷ The jinn, both good and bad, became an integral part of the Islamic world-view. Even the legal status of the jinn was worked out by medieval Muslim jurists in all respects and in astonishing detail, especially with regard to marriage between jinn and human beings. Among laymen the belief in jinn was widely disseminated, but the jinn were usually spoken of by allusion and antiphrasis in order to avoid their powerful influence. Jinn figure prominently in popular literature, religious tracts, and magical handbooks. Muslim theology always admitted the use of jinn in magic, but the legality of such magic has varied considerably.¹⁸ In sum, the jinn were not excluded from the revelations of Muḥammad; although the Qur'ānic presentation of the jinn is inconsistent or, at least, incomplete, these elusive spirits were clearly acknowledged. And the existence of the jinn gave free rein to the imagination of later Muslims.

In popular belief, the ethereal jinn were generally powerful, invisible, and omnipresent. They were of both sexes but rarely assumed a distinct personality or name. They lived collectively and were organized into

¹⁴ Welch, 'Allah and Other Supernatural Beings', 745.

¹⁵ Ibid.

¹⁶ Ibid. 749–52.

¹⁷ *EI2*, s.v. 'Madjnnūn', 1102.

¹⁸ *EI2*, s.v. 'Djinn', 547.

tribes with chiefs and princes. According to one legend, the jinn were believed to be the first inhabitants of the earth. God sent down an army of angels against them and forced them under the earth, which explains many beliefs about their subterranean existence and access to them through trees and springs that reach down into the earth. Some parts of the terranean world, however, were later reconquered by the jinn. They usually lived in deserts, cemeteries, village guest-houses, public baths and watery haunts, abandoned places or ruins, and dark rooms; they might assume the forms of animals, particularly dogs, snakes and other creeping things, or misshapen men. The jinn often rode animals, such as the ostrich, gazelle, camel, sheep, and dog; consequently, the Arabs did not hunt the riding animals of the jinn after dark. For the spirits usually showed themselves at night and, although normally not seen, they could be heard and touched. One peculiarity was the belief that their eyes were vertical, rather than horizontal. Like the Devil in medieval Europe, the *ghūl*, or demon, was believed to be able to assume any form, but its feet were always hoofs. Although the jinn were sometimes uninterested in mankind or little more than Puckish, they were often hostile, especially the '*afārūt* (pl. of '*afṛūt*'), who inhabited springs and houses. These jinn might attack mankind with their spears, causing epidemics and disease; they might kill men and animals outright; or they might possess an individual. Both kinds of jinn could cause these calamities, but the good or believing jinn were thought to inflict them as a divine blessing, trial, or punishment for an individual's sin or moral offence.¹⁹ Unlike the medieval Christian view, however, retribution for one's sins as the cause for demonic attack appears to be a minor theme in Islamic thought.²⁰ For example, a Turkish psychiatrist, speaking about jinn possession and the Turkish peasant, states: 'When "God gives" an illness or when the *jinn*s "strike" or "take hold of" a person, there is usually little or no implication of consciously accepted guilty action or fantasy.'²¹ More commonly, possession usually meant the intrusion of evil spirits that invaded the entire body of their victim; they might mislead or misguide the possessed, damage or destroy them. Most characteristically, the demons drove men mad.²²

¹⁹ Stephan, 'Lunacy in Palestinian Folklore', 4-5.

²⁰ See H. M. el-Shamy, 'Mental Health in Traditional Culture: A Study of Preventive and Therapeutic Folk Practices in Egypt', *Catalyst*, 6 (1972), 13-28.

²¹ O. M. Oztürk, 'Folk Treatment of Mental Illness in Turkey', *Magic, Faith, and Healing*, ed. Ari Kiev (New York, 1964), 359; see also p. 361.

²² e.g. 'Amr ibn 'Adi (*Ḥayawān*, i. 146; vi. 64).

Possession could also be a supernatural enthusiasm.²³ In pre-Islamic Arabia, the link between mankind and the supramundane world might be a prophet or a diviner, a poet or a *majnūn* who received *gnosis*, secret or special knowledge. A prophet was a man sent directly by God, such as Muḥammad. Diviners in pagan Arabia were cultic leaders; they were believed to be able to receive messages from the jinn during ecstatic experiences, after which they delivered oracles.²⁴ The poet, or *shā'ir*, is etymologically the one who is aware, 'the knower', and who has insight into matters beyond the ken of ordinary men. Poets were believed to be inspired by their individual jinn, similar to the Greek idea of the Muses.²⁵ For example, the early Arab poet Farazdak had a companion named Hamīm (or Hamām), and the poet al-A'sha had Muṣḥil.²⁶ And the *majnūn* could be possessed by heavenly spirits. The notion that a madman could be the recipient of supernatural wisdom was ancient.

Thus, the term *majnūn*, 'the possessed', was quite ambiguous, like the Hebrew *meshugga'*,²⁷ and it evoked ambivalent feelings. *Majnūn* might mean any of these 'altered states' of consciousness, depending on his outward appearance, his actions, and his utterances, but his condition might raise doubts about whether the possession was by evil-working spirits or by the minions of God.

There was also a gnostic mode of communication in pagan Arabia. In moments of ecstasy, one might utter words in a paramystic style known as *saḥ*, between prose and poetry, that was thought to be especially meaningful or, if unintelligible, supernaturally potent. It was the style used for prophecies, blessings, curses, oaths, and incantations. When inspired, the *majnūn* commonly folded himself up in such a way that he was almost invisible except for his head—another possible explanation of the word *majnūn*. Muḥammad wrapped himself in a special garment in times of prophetic inspiration (73; 74), and many of the early chapters of the Qur'ān are in *saḥ*. In these circumstances, what did *majnūn* mean in early seventh-century Arabia? What was one to make of Muḥammad and his Qur'ān?

'One possessed' (*majnūn*) and 'one possessed by jinn' (*bihi jinnatun* or *min jinnatin*) are mentioned sixteen times in the Qur'ān.²⁸ The term

²³ For a sensitive modern interpretation of possession, see Ihsan al-Issa, 'Social and Cultural Aspects of Hallucinations', *Psychological Bulletin*, 84 (1977), 570–87.

²⁴ See *EI2*, s.v. 'Kāhin' (T. Fahd); Toufy Fahd, *La Divination arabe: Études religieuses, sociologiques et folkloriques sur le milieu natif de l'Islam* (Leiden, 1966).

²⁵ *EI2*, s.v. 'Madjūn', 1101.

²⁶ Tritton, 'Spirits and Demons', 723.

²⁷ Alfred Guillaume, *Prophecy and Divination Among the Hebrews and Other Semites* (London, 1938), 243–5.

²⁸ Welch, 'Allah and Other Supernatural Beings', 733–58, and *EI2*, s.v. 'Madjūn'.

majnūn occurs eleven times and refers directly to Muḥammad in seven instances and indirectly to him in four places that refer to God's prophets.²⁹ The exact meaning of *majnūn* in the Qur'ān is uncertain, but the connotation was pejorative.³⁰ In four of the seven verses of the Qur'ān, where *majnūn* explicitly refers to Muḥammad, it is used by the Prophet's opponents in accusations against him and is clearly opprobrious: 'You, upon whom the Remembrance [the Qur'ān] is sent down, you are assuredly possessed!' (15: 6); 'What, shall we forsake our gods for a possessed poet?' (37: 36); 'A madman, taught by others' (44: 14); and 'Surely he is possessed' (68: 51). In the other three instances God answers these accusations, reassuring Muḥammad and his followers: 'By your Lord's blessing, you are not a soothsayer (*kāhin*) nor possessed' (52: 9); 'By your Lord's blessing, you are not possessed' (68: 2); and 'Your Companion [Muḥammad] is not possessed' (81: 22). Regarding the use of *majnūn* in relation to the earlier prophets, Moses is accused by the pharaoh of being possessed, and in another passage, the pharaoh and the nobles declared that Moses was either a sorcerer or a man possessed. The people of Noah said that he was possessed and rejected him. And generally, 'whenever a prophet came to those that flourished before them [the Meccans], they cried: "Sorcerer! Possessed!"' (51: 52). Welch neatly summarizes the issue: 'In the Qur'ān the term *majnūn*, always in the singular, functions sometimes as an adjective and sometimes as a noun. It occurs only in Meccan passages, only in the context of accusations made against Muḥammad by his opponents (and against earlier Messengers by their enemies), and only in contexts involving the question of the source and process of revelation.'³¹

In the late Meccan and early Medinese periods, *majnūn* was replaced by the expression *bihi jinnatun* or *min jinnatin*, 'possessed', 'affected by jinn', or 'bedevilled', and the expressions seem to be identical. Again the context is the conflict between Muḥammad or the earlier prophets and the unbelievers who dispute the prophet's authenticity.³² Consequently, the meaning of *majnūn* and the related expressions in the Qur'ān appears to be 'jinn-possessed' or a 'jinn-possessed person'. On the basis of the imputations against Muḥammad or the earlier prophets and, in response,

²⁹ Sūras 26: 27, 51: 39 (Moses); 54: 9 (Noah); and 51: 52 (prophets in general).

³⁰ See Faruq Sherif, *A Guide to the Contents of the Qur'an* (London, 1985), 34-6, p. 73.

³¹ *EL*2, s.v. 'Madjūnūn', 1101.

³² *Ibid.* 1102. For example, sūra 7: 184: 'Their Companion [Muḥammad] is not possessed by jinn; he is naught but a plain warner'; sūra 23: 25: 'He [Noah] is surely possessed by jinn'; sūra 23: 70: 'Do they say he [the prophet] is possessed by jinn?' sūra 34: 8: 'The unbelievers say: "Shall we show you a man [Muḥammad] who claims that when you have been mangled into dust you will be raised to life again? Has he invented a lie about Allah, or is he possessed by jinn?"'; and sūra 34: 8: 'Your Companion is not possessed by jinn.'

God's affirmation of Muḥammad's prophethood, possession by jinn would mean that he was a spirit medium of one type or another—a poet or a diviner, a magician, or simply a madman (actuated by benign or malignant spirits)—and by implication not a prophet.

Concerning the poet, Richard Bell argued that, by the time of Muḥammad, the touch of the poet 'had been largely lost, and the poet was conceived much as he is nowadays, though he had greater public recognition. Since both soothsayer and poet were aided to knowledge of the unseen by one of the jinn, they might be described as *majnūn*, "affected or inspired by jinn"; but this word even by the seventh century had come to have its modern meaning of "mad".³³ Consequently, Bell frequently renders *majnūn* as 'mad', 'madman', or 'crazy' in his translation of the Qur'ān.³⁴ He gives, however, no evidence for his assertion that *majnūn* had the modern meaning of 'mad' in the seventh century AD, but he may have been right for the wrong reasons.³⁵ With respect to divination, Muḥammad's enemies in Mecca, 'seeing the similarity between the form of his messages and the *saj'* oracles of the soothsayers, argued that his messages were not revealed by God but were inspired by the *jinn*'.³⁶ And with regard to the magician, the Qur'ān and its proofs are several times called magic (*siḥr*) by Muḥammad's opponents.³⁷ Consequently, the early Muslim converts, and certainly the later exegetes, sharply distinguished Muḥammad from spirit mediums, and they emphasized the revelation of the Qur'ān to Muḥammad through Gabriel and not through possessing spirits.

It should also be allowed that Muḥammad was thought by some contemporaries to be mad, a victim of evil jinn or good jinn who were the instruments of God's unknowable will.³⁸ The belief in demon possession as the cause of madness was ancient, and it is evident in the Qur'ān.³⁹ It also did not seem unreasonable to later Arabic Muslim writers to set a number of stories about jinn possession in Arabia before and at the time of the Prophet.⁴⁰ *Majnūn* could logically, though

³³ Bell's *Introduction to the Qur'ān*, 77–8.

³⁴ *The Qur'ān* (Edinburgh, 1937–9).

³⁵ See also Bell's *Introduction to the Qur'ān*, 153–4.

³⁶ EI2, s.v. 'Madjūnūn', 1101.

³⁷ EI1, s.v. 'Sāhir' (D. B. MacDonald). For example, in sūra 74: 24, the message of Muḥammad is called *siḥr yu'thar*, 'a magic learned from someone else'.

³⁸ The notion of non-demonic madness or frenzy, *su'ur*, does occur in the Qur'ān, where the term appears to have the sense of bad judgement or persistent unreason. In the first instance, a pre-Islamic Arabian tribe that refused to recognize its prophet asserted that it would be 'error and madness' to follow such a man (54: 24); and secondly, the sinful persist in 'error and madness' (54: 47).

³⁹ e.g. sūras 6: 71, 23: 25, 34: 8, and 46.

⁴⁰ Surely reflecting later attitudes toward Muḥammad and exorcism, one story tells of a woman who brought her son to the Prophet; the son was possessed of a demon that threw him

imprecisely, be interpreted as 'madman'. (A similar imputation seems to have been made against Jesus.⁴¹) Welch has argued, however, that this interpretation is unlikely because the responses in the Qur'ān to the accusations of Muḥammad's being mad never defend his sanity.⁴² These divine assurances are all negative statements—Muḥammad is not possessed or is not a soothsayer—and are not positive defences of his sanity. Given the belief in madness as jinn-possession, it is difficult to imagine how else his madness could have been denied except by disclaiming possession or, conversely, how the sanity of a prophet could be proven.

The possibility of *majnūn* being a madman also raises the question of epilepsy. In the medieval period, *majnūn* frequently meant epileptic, although not in the medical texts. Epilepsy, like madness, was believed to have a divine cause that was implemented by the jinn, and the effects of their possession might be considered analogous to the behaviour of the deranged. There is, however, no evidence to suggest this meaning for *majnūn* in the Qur'ān, especially with reference to Muḥammad.⁴³ The earliest Muslim source that might be interpreted as imputing epilepsy to Muḥammad is the *Life of the Prophet* by Ibn Hishām (see below), where the allegation of 'possession' is made and denied, along with other imputations that would discredit Muḥammad as a prophet.⁴⁴ The denial is based on the recognized behaviour of the 'possessed': choking, spasmodic movements, delusions, or melancholia. There is no reason to believe that epilepsy did not occur in pre-Islamic Arabia, and later Arabic writers mention its incidence there,⁴⁵ but Muḥammad did not show the distinguishing signs of epilepsy. In reviewing this problem in his masterly history of epilepsy, Owsei Temkin unfortunately refers to 'certain seizures' and 'fits' of Muḥammad, which were characterized by 'distortions of the eyes, convulsive movements of the lips, sweating and

to the ground day and night. The Prophet prayed and stroked the boy's chest. The boy vomited, and a small animal left him and ran away (Tritton, 'Spirits and Demons', p. 722; al-Jāhiz, *al-Hayawān*, vi. 69).

⁴¹ John 7: 20, 8: 48, 49, 52, 10: 20, 21.

⁴² *EI*2, s.v. 'Majnūn', 1101.

⁴³ I have made no attempt to give a modern diagnosis of Muḥammad's behaviour. The 'case for pathology', especially epilepsy, is reviewed and rejected by John C. Archer in his *Mystical Elements in Mohammed* (New Haven, Conn., 1924), ch. 1. Most modern Western biographers of the Prophet (e.g. Watt, Rodinson, Cook) are justifiably wary of such an undertaking.

⁴⁴ See A. Fischer, 'Majnūn "epileptisch"—mu'ayyad "beglaubigt"' 3, *ZDMG*, 62 (1908), 151-4. Fischer points out that the following terms for the insane, which imply spirit possession as well, are also used for the epileptic in Arabic: *malbūs* in the Middle East, *maqrūn* in the Maghrib, and *'alayhi zār* in Egypt and Arabia.

⁴⁵ e.g. the story of epilepsy/possession in Tritton, 'Spirits and Demons', 722.

snoring, and unawareness of the events around him'.⁴⁶ But neither the Qur'ān nor the passage from Ibn Hishām mentions the most characteristic sign of epilepsy: falling to the ground during a seizure. Needless to say, later Muslim authors never suggest that Muḥammad was epileptic, but Christians did, and it became a common theme in Western polemics against Islam. The most likely source of this Christian view, which may not have been uncommon among non-Muslims in the Middle East, was probably the Byzantine historian Theophanes (d. c.817), who intended to portray Muḥammad as a fraud.⁴⁷

The implication of *majnūn*, in a specific or a generic sense, in the Qur'ān was that the source of Muḥammad's pronouncements was the jinn, so that the messages he received were specious. In response to such allegations that Muḥammad was not a true prophet, the Qur'ān gave a number of reassurances. Specifically, it contains two counter-arguments: the revelations to Muḥammad are not from the evil jinn because they would be unable to obtain divine messages and convey them to Muḥammad. It is also reported that jinn overheard Muḥammad reciting the Qur'ān and became believers, so that he did not receive his messages from the jinn, but they from him.⁴⁸

Aside from the claims of his detractors, Muḥammad may initially have had serious doubts about his own inspiration or prophethood. In the early *Life of the Prophet* by Ibn Hishām, it is reported that Muḥammad feared being a poet or possessed. Muḥammad declared:

Now none of God's creatures was more hateful to me than an (ecstatic) poet or a man possessed [*majnūnin*]: I could not even look at them. I thought, Woe is me poet or possessed—Never shall Quraysh say this of me! I will go to the top of

⁴⁶ Temkin, *The Falling Sickness*, 1st edn., p. 151; Temkin bases his description on A. Sprenger, *Das Leben und die Lehre des Moḥammad*, 2nd edn. (Berlin, 1869), i. 269 ff. Temkin takes up this issue in relation to the Neoplatonic authors of the late 15th cent., especially Marsilius Ficinus, who mention Arabs as 'presenting many cases of epileptic prophets'. The possible source of this misunderstanding may derive from the ambiguous sense of *majnūn*, rather than any tradition of 'epileptic prophets', or to medieval Christian slander (see below).

⁴⁷ Theophanes, *Chronographia*, i. 334, 4 ff., quoted in Temkin, *The Falling Sickness*, 151–2: Muḥammad 'had the disease of epilepsy. And when his wife noticed it, she was very much grieved that she, being of noble descent, was tied to such a man who was not only poor but epileptic as well. Now he attempts to soothe her with the following words: "I see a vision of an angel called Gabriel, and not being able to bear the sight of him I become weak and fall down." But she had a certain monk for her friend who had been exiled because of his false faith and who was living there, so she reported everything to him, including the name of the angel. And this man, wanting to reassure her, said to her: "He has spoken true, for this angel is sent forth to all prophets." And she, having first received the word of the pseudo-prophet, believed him and announced to the other women of her tribe that he was a prophet.'

⁴⁸ Sūras 46: 29–32, 72: 1 ff.

the mountain and throw myself down that I may kill myself and gain rest. So I went forth to do so.⁴⁹

The angel Gabriel, however, appeared to Muḥammad and assured him that he was the apostle of God. Muḥammad, then, went back to his wife, Khadija, and repeated his misgivings about being a poet or someone possessed, but she also reassured him.⁵⁰ It may be inferred from this story and especially from the assurances in the Qur'ān that Muhammad may, occasionally, have been uncertain about the messages that he received.⁵¹

The biography of Ibn Hishām also describes the serious doubts about Muḥammad that were expressed by his contemporaries when he began to preach publicly in Mecca. Amidst the dissension that was caused by Muḥammad's initial preaching, all the damaging alternatives in interpreting Muḥammad's personality were apparently aired in discussions held by Meccan leaders. In the first instance, some of the unconverted men of the Quraysh, the tribe of the Prophet, came to see one of their leaders, al-Walid ibn al-Mughīra (d. 1/622–3),⁵² who was an ardent opponent of Muḥammad, because the annual fair was coming, and there was a concern that the tribe be united in their opinion about Muḥammad, about whom the visiting Arabs would have heard. Reluctant to express his view of Muḥammad, al-Walid asked for their opinions first. They said:

'He is a *kāhin*.' He [al-Walid] said, 'By God, he is not that, for he has not the unintelligent murmuring and rhymed speech of the *kāhin*.' 'Then he is possessed,' they said. 'No he is not that,' he said, 'we have seen possessed ones, and here is no choking, spasmodic movements and whispering [*waswasa*].'⁵³ 'Then he is a poet,' they said. 'No he is no poet, for we know poetry in all its forms and metres.' 'Then he is a sorcerer.' 'No, we have seen sorcerers and their sorcery, and here is not spitting and no knots.' 'Then what are we to say, O Abū 'Abdu Shams?' they asked. He replied, 'By God, his speech is sweet, his root is a palm-tree whose branches are fruitful, and everything you have said would be known to be false. The nearest thing to the truth is your saying that he is a sorcerer, who has brought a message by which he separates a man from his father, or from his brother, or from his wife, or from his family.'

⁴⁹ Ibn Hishām, *The Life of Muḥammad*, trans. Alfred Guillaume (London, 1955), 106 = at-Tabarī, *Annales*, i. 1150.

⁵⁰ Ibid.

⁵¹ Bell's *Introduction to the Qur'ān*, 23.

⁵² EI1, s.v. 'al-Walid b. al-Mughīra' (K. V. Zetterstéen).

⁵³ *Waswasa* appears to have the connotation of satanic speech or suggestion. According to al-Hujwiri (*Kashf al-mahjūb*, 208): 'In short, the devil cannot enter a man's heart until he desires to commit a sin: but when a certain quantity of passion appears, the devil takes it and decks out and displays it to the man's heart; and this is called diabolic suggestion (*waswās*).'

They left him and sat on the paths by which the men came to the fair, and they warned everyone about Muḥammad.⁵⁴

There was considerable hostility within the Quraysh between Muḥammad and his followers and those who were opposed to his teaching, which strained tribal loyalties. Some of his opponents called Muḥammad 'a liar, insulted him and accused him of being a poet, a sorcerer, a diviner, and of being possessed'.⁵⁵ These accusations may well be authentic and may have been the source of Ibn Hishām's apologetic narrative quoted above about the nature of Muḥammad's behaviour. The same narrative is reproduced slightly later in Ibn Hishām's description of the negotiations between Muḥammad and the Quraysh leaders. After repeating their charges against him, they offered a number of inducements to Muḥammad if he would desist from his preaching: money, honour, and kingship. And they even proposed 'medical' attention, which appears so extraordinary that it may recall actual events. Ibn Hishām states: 'If it was a spirit which had got possession of him (they used to call the familiar spirit of the jinn *ra'īy*), then they would exhaust their means in finding medicine to cure him.'⁵⁶ Muḥammad rejected these proposals; exorcism is not specifically mentioned. In response, the fellow tribesmen asked for some miracle as a sign of his prophethood, and he refused. After these unsuccessful negotiations, Abū Jahl, an enemy of Muḥammad, pledged to kill him on the following day. Subsequently, when Abū Jahl reported to the Quraysh about his failure to murder the Prophet, an-Naḍr ibn al-Hārith ibn Kalada stood up in the assembly and defended Muḥammad against the familiar allegations—he was neither a sorcerer nor a diviner, a poet nor someone possessed—and used a similar defence to that of al-Walid. Muḥammad did not demonstrate the distinctive behaviour of such men. Unlike the possessed especially, Muḥammad showed 'no signs of their gasping and whispering and delirium'. And he ends with the warning: 'Ye men of Quraysh, look to your affairs, for by God, a serious thing has befallen you.'⁵⁷

Whatever the authenticity of these reports may be—and they are clearly apologetic—they suggest that the early Muslims were well aware of the possible, unfavourable interpretations of Muḥammad's personality. It is interesting to note that al-Walid does state that Muḥammad came closest to being a sorcerer, presumably because of the reputation of magicians for casting spells that damaged family relationships, which is

⁵⁴ Ibn Hishām, *The Life of Muḥammad*, 121. The translator, A. Guillaume, points out (n. 1) the inconsistency between al-Walid's assertion that Muḥammad could not be a *kābīn* because he did not deliver messages in *saḥ* and the subsequent quotation from the Qur'ān in that style.

⁵⁵ Ibid. 183.

⁵⁶ Ibid. 134–5.

⁵⁷ Ibid. 135–6.

later echoed in Islamic law on the subject; it also recalls the criticism of early Christianity because the new religion often disrupted family loyalties. In general, the biographical episodes in Ibn Hishām do give a clear indication of the conduct that was customarily associated with poets and diviners, madmen and sorcerers, and the characteristics that served as ready criteria for evaluating unusual behaviour.

As a prophet, what powers did Muḥammad have to heal the possessed, and what supernatural powers did he bequeath to his followers? Historically, there is no evidence that he drove out evil demons and raised the dead like Jesus, and in Sunnī Islam, as opposed to the Shīʿī view, he left no spiritual legacy but the Qurʾān. In the Middle Ages, however, Muslim saints claimed the ability to exorcise the possessed similar to Christian priests, but surprisingly this spiritual power was not their exclusive prerogative or their most characteristic miracle. On the other hand, although prophecy was believed to have come to an end with Muḥammad, the Qurʾān perpetuated the potent possibility that *majnūn* might be divinely inspired and not merely mad.

(B) HOLY HEALING

Muḥammad and the Qurʾān were guarded and preserved from any taint connected with the nefarious jinn. Muḥammad was a prophet and the Qurʾān was his only miracle. In the century following the Prophet's death, however, when the Arab Muslims conquered the lands from southern Spain to northern India, they came into contact with the supernatural beliefs and magical arts of many different peoples. These beliefs and practices were blended with comparable Qurʾānic and Arabian conceptions and usages. At the same time, it should not be assumed that Arabian paganism disappeared after the triumph of Islam, any more than the religions of the conquered lands suddenly disappeared. An obscure synthesis, widespread and idiosyncratic, of supernatural beliefs appears to have taken place in the lands conquered by the Muslim Arabs, in which Arabic nomenclature came to predominate but fundamental Islamic beliefs were substantially altered.⁵⁸

This phenomenon is most conspicuous in the development of Muslim saints, which is completely incompatible with basic Qurʾānic principles.⁵⁹

⁵⁸ EI2, s.v. 'Sihr' (D. B. Macdonald).

⁵⁹ I have made the customary equation between the Christian 'saint' and the Muslim *marabout*, *wālī*, or *shaykh*; although this translation has some historical justification, it conveys

Ignaz Goldziher has asserted in his seminal study of the cult of the saints: 'In no other field has the original doctrine of Islam subordinated itself in such a degree to the needs of its confessors, who were Arabs only in a small minority, as in . . . the veneration of saints.'⁶⁰ The original doctrine of Islam was a stark dichotomy between one omniscient and powerful God and an ignorant and weak mankind. Muḥammad was chosen by God as a prophet, but he was not singled out because of any personal qualities or piety, nor was he given divine powers because of his reception of the Qur'ān. Furthermore, the Qur'ān did not allow that Muḥammad or any other Muslim should be venerated as a saint. The Qur'ān polemized strongly against such practices in other confessions. Pious Muslims would receive their reward in paradise, but they were no greater than other mortals—they could not intercede with God or claim supernatural powers. The pious gained blessedness only for themselves and could not 'be useful or do harm'. There was, then, an enormous gap between the Qur'ānic view and the later belief that the saints could be invoked as mediators between man and God.⁶¹

As Goldziher has pointed out, the development of the saints was possible only after this modest Qur'ānic view of Muḥammad had been revised; to be at the head of any hierarchy of the saints, Muḥammad had to be much more than an ordinary mortal. From the inception of Islam, Muḥammad's followers had naturally attributed to him special spiritual gifts and knowledge, but he had disallowed them. The early Muslims saw him, for example, as a *kāhin*, despite Muḥammad's strong objections. Even 'Umar, a companion of Muḥammad and later a caliph, was apparently surprised by Muḥammad's death and was corrected by Abū Bakr—there was no resurrection, no personal immortality, and no apostolic succession in orthodox Islam. If these expectations of Muḥammad were frustrated, mainly because of solid Qur'ānic constraints, they did find expression shortly afterward in Shī'ism, which witnessed a precocious development of reported miracles of the imams, or Shī'ī religious leaders.⁶² In Sunnī Islam, the urge to glorify the founding-

poorly the distinctiveness and diversity of the two phenomena. In fact, Bryan Turner (*Weber and Islam: A Critical Study* (London, 1974), 56–71) has examined this issue and argues that 'saint', which he defines as orthodox, individualistic, dead, and canonized by a central authority, is the exact opposite of the *marabout*. Unfortunately, this helpful analysis is marred by Turner's very narrow or formalistic interpretation of Christian saints in relation to Muslim holy men.

⁶⁰ Goldziher, 'Veneration of Saints in Islam', in his *Muslim Studies*, ed. and trans. C. R. Barber and S. M. Stern (London, 1971), ii. 253.

⁶¹ Ibid. 253–9.
⁶² See the accounts of the imams' raising the dead and healing the blind and leprous (*abras*) in aṣ-Ṣafār al-Qūmī (d. 290/903), *ad-Darajāt* (Qum, 1404/1983–4), 269–74. Andrew Newman kindly supplied me with this reference.

father was irresistible, and he gradually emerged in the Middle Ages as a miracle-worker—as a paradigmatic saint.

The sanctification of Muḥammad was largely the result of his promotion by the pious and the mystics. Early, devout Muslims, like Abū Dharr al-Ghifārī (d. 32/652–3), the prototype of the true *fakir*, or Salmān al-Fārisī (d. c.23/644), were predisposed to see Muḥammad as primarily a spiritual leader and the Qur'ān as a spiritual message.⁶³ To the gnostic, Muḥammad was the mystic *par excellence* and the Qur'ān an esoteric document. A 'genuine Muḥammad mysticism' dates from the early eighth century AD and grew steadily until it was fully systematized by Ibn 'Arabī and his followers in the thirteenth century.⁶⁴ A clear sign of this veneration was the emergence of the Prophet's *mawlid* or birthday that was celebrated from the late eleventh century in the Middle East.⁶⁵

Once Muḥammad was accepted as a prophet who performed miracles—those acts that 'break the natural order of things'—like the earlier biblical prophets, the saints could march in with their lesser deeds. Al-Hujwiri put the relationship between the two clearly: 'The end of sainthood is only the beginning of prophecy.'⁶⁶ Muslim theologians always insisted, however, on the distinction between the two types of miracles: *āyāt* or *mu'jizāt* were public demonstrations of a prophet's mission, as opposed to *karāmāt*, which were a saint's private, personal favours.⁶⁷ *Karāma*, like the Greek 'charisma', may be translated as a 'marvel' or 'grace'. Moreover, a saint was known in Arabic as a *wālī* (pl. *awliyā'*); it conveys the sense of nearness to God, so that the *wālī* was the 'ally' or 'friend' of God. The holy man both actively worshipped and obeyed God and passively was guided by God. Aside from his ability to work wonders, he was supposed to have influence with God like the prophets.⁶⁸ Sainthood, *wilāya*, was the very foundation of sufism.⁶⁹

Behind *wilāya*, as behind the mystical Muḥammad, lay an earlier growth of Muslim ascetic piety. Although the Qur'ān and *ḥadīth* are hostile to monasticism, aspects of asceticism are advocated, such as repentance, fasting, silence, humility, poverty, charity, and other-worldliness. Muḥammad was a poor model for Muslim ascetics, but

⁶³ Annemarie Schimmel, *Mystical Dimensions of Islam* (Chapel Hill, NC, 1975), p. 28.

⁶⁴ Tor Andrae, *Die Person Muhammads in Lehre und Glauben seiner Gemeinde* (Archives d'études orientales, 16; Stockholm, 1918), esp. pp. 88–91; for the later Middle Ages, see al-Mounāwī (d. AD 1621), *Mahomet mystique et les quatre premiers khalifes*, trans. René R. Khawam (Paris, 1978), 47–9.

⁶⁵ Schimmel, *Mystical Dimensions*, 213–27.

⁶⁶ Al-Hujwiri, *Kashf al-mahjūb*, 223.

⁶⁸ EI1, s.v. 'Walī' (B. Carra de Vaux).

⁶⁷ See EI2, s.v. 'Karāma' (L. Gardet).

⁶⁹ Al-Hujwiri, *Kashf al-mahjūb*, 210.

there was a strong tradition of Arabian ascetics and *ḥanīfs*, or holy men, who were often inspired by Christian hermits, at the time of Muḥammad.⁷⁰ For example, the Prophet was supposed to have known of the piety of Uways al-Qaranī, especially 'the ecstasy that overmastered' him, although Muḥammad never met Uways. For later sufis Uways became the symbol of the mystic who, without a spiritual director, was guided solely by divine grace. Muḥammad told 'Umar and 'Alī about Uways, and after the Prophet had died, 'Umar came to Mecca and asked about him among the natives of Qaran. They said: 'He is a madman who dwells in solitude and associates with no one. He does not eat what men eat, and he feels no joy or sorrow. When others smile he weeps, and when others weep he smiles.' 'Umar and 'Alī went out into the desert, recognized Uways by his distinctive appearance, and asked him to pray for the Muslim people. Eventually, Uways migrated to Kūfa and died, fighting for 'Alī, at the battle of Šiffin.⁷¹

With the rapid military victories of the Arab Muslims outside Arabia, devout Muslims surely gained strength as critics of the worldly success of their co-religionists. To the pious, the ideal of Muḥammad seemed to have been lost in the turbulent days of the conquests; they could point to the great social and economic inequities, the corruption and the serious dissension between the Muslim Arabs that had been introduced into the *umma*, or community of believers, in their day. Even Islam had become a closely guarded prerogative of the Arab élite. On the other hand, pious Muslims seem to have reacted strongly to Christian mysticism that was deeply entrenched in the conquered territories. Syrian Christianity, particularly, probably had a considerable impact, being remarkable for both its mystical poetry and its eccentric saints. The elevation of Muḥammad to a figure comparable to Jesus or the Christian saints, which is reflected in the *ḥadīth*, would seem to have been a natural consequence of the Muslims' confrontation and fraternization with Christians. The following anecdote about Ibn Khafif (d. 371/982), a famous Persian mystic, gives the flavour of Muslim perceptions of contemporary Christian miracle-healing, curiously distorting the manner of the Christian holy man's death:

One year I was staying in Byzantium. One day I went out into the desert. They brought along a monk wasted as a shadow, burned him, and smeared his ashes on the eyes of the blind. By the omnipotent power of God they recovered their sight. The sick also partook of his ashes and were healed. I marvelled how this

⁷⁰ See John C. Archer, *Mystical Elements in Mohammed* (New Haven, Conn., 1924), ch. 7.

⁷¹ 'Uqalā', Najaf edn., 47-52; al-Hujwiri, *Kashf al-mahjūb*, 83-4.

could be, seeing that they were following a false faith. That night I saw the Prophet in a dream.

'Messenger of God, what are you doing there?' I asked.

'I have come for your sake,' the Prophet replied.

'Messenger of God, what was this miracle?' I asked.

'It was the result of sincerity and self-discipline in error,' the Prophet answered. 'If it had been in truth, how then would it have been!'⁷²

Generally, Christianity seems to have provided a major impetus to Islamic mysticism, perhaps through the influence of Christian holy men, or indirectly through wives, Christian converts to Islam, or the charitable services that the Christian monasteries and clerics afforded to Muslims. The process is symbolized, perhaps, by the adoption of the coarse wool (*ṣūf*) clothing of the Christian monk by the Muslim ascetic. The ancient world was 'Islamized' in the early Middle Ages, as is well known, but some aspects of Arab-Muslim culture were also 'Christianized'.

Without any organization, many of these early Muslim mystics appear to have followed ascetic practices, such as seclusion, celibacy, poverty, and acts of supererogation, especially charitable works; they acted as moral exempla and persuasive preachers, arbiters in disputes and social critics; and most had mystical intuition. Rather than an emphasis on miracles, the biographies of the early mystics are somewhat prosaic. They were usually transmitters of *ḥadīth*, and their lives were characterized by earnest self-denial, charity, and preaching, in which conversion (usually of Christians and Zoroastrians) played an important role. However, in the generation of mystics after Ḥasan al-Baṣrī (d. 110/728), the dour patriarch of the early ascetic tradition, there appears to have been a steady inflation of *karāmāt*. Even when the biographers of the early mystics describe fantastic deeds, which are reminiscent of Celtic saints' lives—such as the mystic's ability to change his form or fly through the air, his use of telepathy or clairvoyance⁷³—miraculous healing is a minor theme or is sometimes rejected altogether. For example, Rābi'a al-'Adawiyya was a famous eighth-century female mystic, who greatly promoted the theme of divine love in sufism. When she was sick, she rejected the suggestion that she pray in order to ease the pain. It was God's will; as Rābi'a said, 'It is not right to oppose one's Friend.'⁷⁴ This episode is representative of a persistent Muslim attitude towards illness that survived through the Middle Ages and was

⁷² Farīd ad-Dīn 'Aṭṭār, *Muslim Saints and Mystics: Episodes from the Tadhkirat al-Auliya'* ('Memorial of the Saints'), trans. A. J. Arberry (London, 1966), 260.

⁷³ See Hans J. Kissling, 'Die Wunder der Derwische', *ZDMG*, 107 (1957), 348–61.

⁷⁴ 'Aṭṭār, *Muslim Saints and Mystics*, 49.

particularly evident in times of natural disaster.⁷⁵ Nevertheless, the mystic and preacher al-Fozail ibn Iyaz (d. 187/803) simply prayed for his son, who suffered from an obstruction of urine, and he was healed.⁷⁶

Miraculous healing by Muslim saints did emerge eventually because, from one point of view, there was a genuine need. It is difficult, however, to judge its prevalence from the Muslim saints' lives because, in theory, the Muslim saint was expected to conceal his miracles, unlike the Christian saint. In its initial stages, saintly claims of healing would, in fact, probably have smacked too much of Christian practices, but with the decline of the Christian population and their charitable services, along with the periodic outbursts of discrimination against religious minorities, Muslim saints were needed to perform a comparable role.

Mysticism became a respectable form of Muslim devotion from the eleventh century AD, and sufis were organized into orders or confraternities. No clear distinction can be made between the honour given to these regularized orders and the veneration of the saints.⁷⁷ The customary view is that religious scholars, especially al-Ghazzālī, justified sufism and persuaded the orthodox establishment of its permissibility. The intellectual argument has been persuasive with intellectuals, but it was probably because of the widespread popularity of the sufi saints and the support of them by all classes and races, especially by the newly arrived Turks, that sufism became a conventional aspect of Islamic culture. Especially with regard to the social and economic benefits of membership in the sufi orders, the confraternities were never exclusive like Christian monasteries but resembled more closely the early Christian lay communities. A far greater role in the orders was allowed for the participation of women than in orthodox Islam. The sufi associations also afforded a closeness not only to God but also to other believers, the availability of welfare services when in distress, need, or old age, and even a sense of personal identity. Moreover, the strength of the cult of Muslim saints lay essentially in the implicit belief that the relationship between God and mankind worked just like all other personal social ties. The bond between God and the saints was analogous to the patron-client relationship that existed in everyday social relations. The Arab conquests had actually reinvigorated patronage in the Middle East. Until the mid-eighth century AD, all non-Arabs had to become clients of Arab tribes before they could become Muslims. Spiritual patronage was a similar fictive kinship tie. Consequently, ordinary men

⁷⁵ See Dols, *The Black Death in the Middle East*, 24 f., 121, 291, 297–8.

⁷⁶ Ibid. 60–1.

⁷⁷ See J. Spencer Trimingham, *The Sufi Orders in Islam* (Oxford, 1971), 26.

and women could rely on the goodwill of their patron saint, literally, to further their interests. Thereby, they could approach God, like an all-powerful king, indirectly through his friend, the saint.

The notion of *wilāya* was greatly developed in the later Middle Ages. Sainthood was elaborated in the direction of a hierarchy of saints, headed by the highest spiritual guide, or *qutb* of the age, which was comparable to the authority of the imam in Shi'ī Islam.⁷⁸ The miracles of a sufi saint became one of the accepted means of proving his spiritual power. Sufi hagiography includes numerous types of miracles, such as being able to read minds, to become invisible, or to appear at different places at the same time. The saint commanded the obedience of all living things, especially predatory animals. He could miraculously bestow fertility on the barren, food on the hungry, and comfort on the distressed. A common miracle was for a saint to appear at a sick person's bed to cure him or relieve his pain.⁷⁹

Popular Middle Eastern literature portrays the healing saint as a common figure of everyday life. For example, at the end of the famous story of Aladdin and the Enchanted Lamp in *The Thousand and One Nights*, an evil sorcerer attempted to kill Aladdin by pretending to be a saintly woman named Fatima who was renowned locally for her healing powers. When she came into the city from her isolated cave in the countryside, all the sick and ailing thronged to her, seeking her benedictions and prayers. As soon as she touched them, they were cured. The evil sorcerer followed her to her cave one night, killed the saintly woman, and disguised himself in her clothes. He returned to the city and stood in front of Aladdin's palace, and people thought that he was holy Fatima. 'He did exactly as she used to do, laying his hand on the sick and ailing and reciting for them prayers and verses from the Koran.' The sorcerer gained admittance to the palace, but his plan was discovered by Aladdin in the nick of time.⁸⁰

The miracles of the saints were collected and classified in the later Middle Ages. As-Subkī, for example, distinguished twenty-five types of

⁷⁸ Schimmel, *Mystical Dimensions*, 199–213.

⁷⁹ Ibid. 205. 'That illnesses are cured by means of religious formulae is well known—the story of the deaf girl who was cured by the saint's whispering the call to prayer into her ear is only one example from a long list of miracles in which the Sufis used prayer and *dhikr* formulae for healing purposes. Even today the recitation of a *Fātiḥa* or similar prayer, together with "breathing upon" (*damīdan, üflemek*) the sick, is common in the Muslim world . . . and the faith in a religious formula pronounced by an alleged saint is often, in rural areas, much greater than the trust in a Western-trained physician' (ibid. 208). See also Goldziher, 'Veneration of Saints', 269.

⁸⁰ *Tales from the Thousand and One Nights*, trans. N. J. Dawood (Harmondsworth, 1973), 231–6.

miracles.⁸¹ Although healing of the chronically sick is one of these categories, it is remarkable that exorcism of the possessed is never mentioned. It may be assumed that it was one of the customary activities of a Muslim saint, but it certainly did not occupy the prominent position that it did among the deeds of Christian saints.⁸²

However the Muslim saint achieved his status, places and things associated with him were hallowed. The growth in the veneration of saints and their relics before the eleventh century was quite slow. Even the Prophet's birthplace remained an ordinary house until the early 'Abbāsid period, when al-Khayzrān (d. 173/789–90), the mother of Hārūn ar-Rashīd, made it into a mosque. As Muḥammad was considered more and more as an intercessor with God, everything associated with his life—his *āthār*—became a possible object of veneration: where he lived, prayed, and died, his personal belongings, and even parts of his body, especially his hair.⁸³ To a lesser degree, the local Muslim saint was similarly venerated, particularly at his grave, where the saint's *baraka*, blessing or grace, was sought; help of one kind or another was solicited through prayers and votive offerings and vows were redeemed. Like the Prophet, the local saint was honoured at special times of the year, usually an anniversary, and visits to the saints' tombs became increasingly popular, imitating and in some instances replacing the *hajj* to Mecca.⁸⁴

Again, this exaltation of Muḥammad and saintly Muslims had no scriptural fiat, so that it was a natural target of scriptural purists or fundamentalists, especially in the later Middle Ages, when sufi orders abounded. The trenchant criticism of sufism is quite revealing about normally unchronicled social practices. The most famous medieval fundamentalist was Ibn Taymīya (d. 728/1328), a Ḥanbalī theologian and jurist, who was a prolific polemicist and apparently a very persuasive orator. Confronting the full flood of popular sufism in Mamlūk Syria and Egypt, he strongly advocated a return to the Qur'ān and the practice of Muḥammad, as Ibn Taymīya interpreted them; all else was innovation (*bid'a*), which he equated with heresy.⁸⁵ From this point of view, Ibn Taymīya attacked the principle that Muḥammad and the saints were intercessors with God and thus the entire undergrowth of associated cultic practices, especially the pilgrimages to Muḥammad's tomb in

⁸¹ *Tabaqāt ash-shāfi'īya al-kubrā*, ii (Cairo 1324/1906), 74–8. See also al-Mounāwī, *Mahomet Mystique*, 133–8, who gives twenty types of miracles by the saints, including healing.

⁸² Robert Browning, 'The "Low Level" Saint's Life in the Early Byzantine World', in *The Byzantine Saint*, ed. Sergei Hackel (Studies Supplementary to Sobornost, 5; London, 1981), 121–2.

⁸³ Goldziher, 'Veneration of Saints', 322.

⁸⁴ Ibid. 279–80.

⁸⁵ *EI*2, s.v. 'Ibn Taymiyya' (H. Laoust).

Medina and the graves of the saints and their veneration, which could hardly be distinguished from worship. None of this had a precedent in original Islam, and as was customary, Ibn Taymīya used numerous citations from the Qur'ān and *ḥadīth* to support his argument that such conduct was basically idolatrous.⁸⁶

Ibn Taymīya's lengthy treatise on the subject actually attests to the Christian influence on Islam, although it was considered to be a malignant one. 'Only God knows how much Muslim groups have suffered from this newfangled monasticism', by which he meant the sufi lodges that resembled Christian convents.⁸⁷ 'Indeed it is the women who are responsible for much of the imitation of the holiday customs, etc., of the Scriptuaries [i.e. the Christians and Jews].'⁸⁸ His criticism is informative about what was probably common practice: 'A Muslim should not utter something whose meaning he does not know. It is for this reason that non-Arabic—such as Syriac, Hebrew, etc.—incantations and amulets are detestable, because they may contain words which it is not permissible to utter.'⁸⁹ Muslims participated in Christian practices, such as using incantations and burning incense, which was believed to neutralize the effects of the 'evil eye', sorcery, ailments, and pests.⁹⁰ Ibn Taymīya was also vehement about the shrines that fostered superstitions; he and his partisans had stormed the Māranj Mosque near Damascus in 704/1305 and had destroyed a rock that was the object of veneration. Saint worship was not in the Sharī'a. 'As it happens, it is rather these unauthorized stories and analogies emanating from persons of Christian antecedents that claim for grave-worship the status of devotional acts.'⁹¹ Despite his incisive criticism of the cult of the saints, he believed, like many others, that their *karāmāt* were true but not a cause for veneration.⁹² Nevertheless, Taymīya's final imprisonment in Damascus was the result of his opposition to these pilgrimages to saintly graves, including the Prophet's in Medina. Ironically, when he died and his body was carried from the prison to the grave, women threw down their scarves from the roofs of their houses in order to touch his coffin and acquire spiritual merit.⁹³

⁸⁶ *Ibn Taymīya's Struggle against Popular Religion*, trans. M. U. Memon (Religion and Society, 1; The Hague-Paris, 1976).

⁸⁷ Ibid. 98.

⁸⁸ Ibid. 111.

⁸⁹ Ibid. 205.

⁹⁰ Ibid. 210-11, 221.

⁹¹ Ibid. 273.

⁹² Ibid. 294-5. See also Goldziher, 'Veneration of Saints', 332-9. The issue of sorcery frequently appears in discussions of saints (e.g. *Ibn Taymīya's Struggle*, 279, 307); sorcery is said to be the evil *karāmāt* of an infidel, usually a star-worshipper.

⁹³ It is interesting to note Ibn Khaldūn's comments on the religious reformers. He says that the reformer must gain popular support if his preaching is to succeed. Many deluded individuals rely only upon themselves to establish the truth and do not recognize the need for 'group

The Muslim cult of the saints surely, in many instances, remoulded alien religious traditions and rechannelled religious adherence. Pre-existing festivals, sanctuaries, and sacred rituals were often preserved in a new guise although the adaptation was only gradual and often incomplete, as it had been from paganism to Christianity.⁹⁴ Thus, the veneration of Muslim saints was a 'cover under which surviving remnants of conquered religions continue to exist in Islam'.⁹⁵ Goldziher has argued that the power of popular beliefs and practices was thereby able to triumph over the normalizing efforts of Muslim theologians. It was not so much a 'triumph', however, as the forging of a partnership that has survived until recent times. The antithesis between formal Islam and magical maraboutism, as the veneration of saints is known in North Africa, is more style than substance. As in the relationship of the *zār*, which will be discussed below, to mainstream Islam, there is a 'dual spiritual economy', in which the marginal form of Islam is complementary, not antithetical, to official doctrine.⁹⁶ This interdependence enabled Islam in the past to encompass a wide spectrum of social experience and to be regarded by Muslims at any given time as a meaningful religious representation of reality.⁹⁷

Inexplicably, Goldziher fails to trace the history of this process of saint worship; moreover, he ignores Christianity, the overwhelming precedent for the Muslim saints and their veneration, and emphasizes instead the tenuous survival of ancient pagan practices in the Middle East

feeling'—a seminal notion of Ibn Khaldūn. Having in mind perhaps the fate of many lone-star revivalists in the past, he states that it is necessary to adopt one of the following courses of action toward such people: 'One may either treat them (medically?), if they are insane, or one may punish them either by execution of beatings when they cause trouble, or one may ridicule them and treat them as buffoons' (*The Muqaddimah*, Dawood abridgement, 127–8).

⁹⁴ See Richard P. C. Hanson, 'The Transformation of Pagan Temples into Churches in the Early Christian Centuries', in his *Studies in Christian Antiquity* (Edinburgh, 1985), 347–58.

⁹⁵ Goldziher, 'Veneration of Saints', 296, 300.

⁹⁶ I. M. Lewis, *Religion in Context: Cults and Charisma* (Cambridge, 1986), 106. With regard to magic, Lewis emphasizes that, along with the 'high' tradition of Islam, there has always been the concomitant transmission of the 'low' tradition, such as the corpus of Islamic occult lore, which cannot be interpreted as the product of rustic illiterates. Lewis sums up the issue well: 'It is not just oral, pre-Islamic culture that dilutes the unswerving eternal truths conserved in literate mainstream Islam. Elements in literate mainstream Islam also introduce and perpetuate alternative renderings of the Prophet's message. Islam is thus not the "religion of the book" but, rather, the "religion of the books", a package of written compendia that in their catholic profusion facilitate the diffusion and rediffusion of so-called pre-Islamic survivals' (ibid. 107).

⁹⁷ Dale F. Eickelman, 'Ideological Change and Regional Cults: Maraboutism and Ties of "Closeness" in Western Morocco', in *Regional Cults*, ed. R. P. Werbner (ASA Monographs, 16; London, 1977), 7. Eickelman defines marabouts in Morocco as (p. 6): 'persons living or dead (dead, that is, only from an outside observer's point of view) thought to have a special relation toward God which makes them particularly well placed to serve as intermediaries with the supernatural and to communicate God's grace (*Baraka*) to their clients.'

and North Africa.⁹⁸ Specifically, Goldziher argues that the holy man in Islam was the successor to the pagan magician.⁹⁹ Undoubtedly the invocations of the Muslim saint were specially potent, like the magician, in evoking God's favour, and the usual description of a saint commonly ended with a magic-like phrase, such as 'Whenever he entreated God, God fulfilled his request.' Furthermore, Dimashqī's (d. 727/1327) description of holy men does sound like the depiction of magicians: 'When the man had cleansed his soul entirely of all impurity, he entered finally into the domain of the angels and acquired supernatural powers: his spittle turns an ordinary drink into a medicine; if he touches a limb that is afflicted with pain, he cures it; and his prayer is granted, for when he adjures God, He redeems his oath.'¹⁰⁰ There is, however, little historical evidence of an evolution from the magician of pagan Arabia to the later Muslim saint; what it does point to is the fact that the magician, the saint, and the Muslim holy man often used the same methods to coerce the supernatural powers, at least in healing. Consequently, Muslims shared, as we have seen, in the miracle-workings of the Christians in the early Islamic era, and they created their own saints and shrines with comparable powers of healing, but not to the exclusion of Christian and Jewish practices. Down to the twentieth century, there has been in the Middle East an interchange of religious healing between Muslims, Christians, and Jews in the form of visitations to each other's religious sanctuaries, venerating each other's saints, and wearing each other's amulets and talismans.¹⁰¹

Throughout the Islamic world, the veneration of saints still persists, and the aid of the saints, both living and dead, is often sought for healing.¹⁰² In the early twentieth century in Egypt, a holy man, or *wālī*, still bestowed his *baraka* on supplicants and sold amulets to them, and the *shaykh* in the shrine was usually the guardian of the sanctuary and would perform the same functions on a lesser scale.¹⁰³ More respected

⁹⁸ Goldziher, 'Veneration of Saints', 300-13.

⁹⁹ Ignaz Goldziher, 'Zauberelemente im islamischen Gebet', 307.

¹⁰⁰ Quoted *ibid.* 307-8.

¹⁰¹ See Meyerhof, 'Beiträge', 333, 342-3; Edward W. Lane, *Manners and Customs of the Modern Egyptians*, ed. E. Stanley Poole (London, 1860), 234: 'It is a very remarkable trait in the character of the people of Egypt and other countries of the East, that Muslims, Christians, and Jews adopt each other's superstitions, while they abhor the more rational doctrines of each other's faiths.'

¹⁰² For a convenient survey of saint worship in the Middle East, including Turkey, see Rudolf Kriss and Hubert Kriss-Heinrich, *Volks Glaube im Bereich des Islam*, i (Wiesbaden, 1960). For Upper Egypt, see Blackman, *The Fellahin*, 242-51; for North Africa, see Émile Dermenghem, *Le Culte des saints dans l'Islam maghrébin* (Paris, 1954).

¹⁰³ See the critical surveys of Lane, *Manners and Customs*, 1836 edn., i. 293-309, and Meyerhof, 'Beiträge', 332-3. For a more balanced view of sufism in Egypt, see Michael

were the tombs of the dead saints; and practically every town in Egypt has a venerated tomb of its patron saint, and every important saint is honoured by an anniversary festival, or *mawlid*. Egyptians expect a blessing from visiting these shrines and fear misfortune if they neglect to visit them. In Cairo, the most venerable sites for Muslims were the tombs of Imām Ḥusayn, ash-Shāfi'ī, and Zēnab.¹⁰⁴ A curious event is recorded about the tomb of ash-Shāfi'ī in the Middle Ages that suggests its destructive power, as well as the customary beneficial influence of the saints' tombs. When Nizām al-Mulk built his famous madrasa, or college, in Baghdad in 457/1065, he wanted to have the remains of ash-Shāfi'ī brought to Baghdad and made a part of the new foundation. He sent his request, along with expensive gifts, to the Fāṭimid caliph and vizier of Egypt at the time. The vizier was willing to give away the body, but the populace of Cairo immediately demonstrated against the idea. Nevertheless, the exhumation proceeded, but when the excavators were about to remove the unburnt bricks that covered the grave, a sweet perfume suddenly intoxicated all those present and drove them mad. It took everyone more than an hour to recover, and afterwards, the workers refused to continue because this was clearly a sign of divine intervention. The Seljuk vizier in Baghdad was frustrated in his design, but the tomb of ash-Shāfi'ī became even more famous and attracted more people than ever.¹⁰⁵

The tombs of Sidi 'Ali ben Ḥamdush and Sidi Ahmed Dghughi in Morocco provide good examples of healing shrines at pilgrimage centres in North Africa. They have been closely studied by Vincent Crapanzano and the fullness of his account offers a detailed picture of the healing effected by the inexhaustible *baraka* of these saints, particularly their control over the jinn.¹⁰⁶ The purpose of the visit to the saints' tombs might range from the simple desire for a blessing to the healing of a serious illness.¹⁰⁷ In the latter case, the cure might involve 'temple sleep'

Gilsenan, *Saint and Sufi in Modern Egypt: An Essay in the Sociology of Religion* (Oxford, 1973); although Gilsenan does not deal with faith-healing, see his discussion of the *karāmāt* of a modern Egyptian saint, pp. 20–35. And Blackman (*The Fellahin*, 244), echoing Lane, states: 'Insanity is the usual qualification for this high standing among the Muslim saints of Egypt, persons thus afflicted being regarded as the favourites of God.'

¹⁰⁴ Meyerhof, 'Beiträge', 334–40; Lane, *Arabian Society*, 69–78. For a recent survey of the sites, see Ernst Banneth, *Islamische Wallfahrtsstätten Kairos* (Schriften des österreichischen Kulturinstituts Kaire, 2; Cairo, 1973).

¹⁰⁵ Al-Maqrīzī, *al-Khiṭaṭ*, ii. 462.

¹⁰⁶ Vincent Crapanzano, *The Ḥamadsha: A Study in Moroccan Ethnopsychiatry* (Berkeley, Calif., 1973), 30–1, 169–84.

¹⁰⁷ Some saints are specialists; near Meknes, the town of Sidi Abdullah ben Ahmed is reported (ibid. 170) to be especially beneficial for the insane (*hemq*), but Crapanzano gives no details about this saint's cult.

in the shrine, as in ancient incubation, by which the supplicant received instructions about his illness in a dream.¹⁰⁸ The pilgrimage site of the mausoleums of Sidi 'Ali and Sidi Ahmed also includes the grotto and shrines of 'Aysha Qandisha and the spring at 'Ayn Kabir. This collective pilgrimage site is considered a powerful one in Morocco and is known particularly for the healing of barrenness, children's diseases, and the illnesses inflicted by 'Aysha Qandisha. Depending on the resources of the pilgrim and the nature of his condition or request, a number of activities at the shrines may be undertaken. Purification is an essential ritual, both before and during the pilgrimage, and almsgiving is clearly expected. In addition, the pilgrim might offer a sacrifice (usually a chicken), sponsor and participate in a *ḥadra* (an ecstatic dance), or receive a blessing from the caretaker. At the sacred spring, the pilgrim might bath or drink the holy water. Often pilgrims receive a blessing from a holy fool (*majdhub*) who usually lives in a cave nearby. A familiar sight at most pilgrimage sites throughout the Islamic world are the rags tied to sacred trees as a sign of one's visit, a vow or a prayer to the saint.

In Palestine, this ancient custom persisted into the twentieth century. The sick person commonly wrote in his or her missive: 'I have thrown my burden (i.e. my sickness) on thee, O man of God.'¹⁰⁹ And some rags were taken from the shrine by the sick because of their possessing *baraka*.¹¹⁰ Other objects were also taken from the sanctuaries, such as water, oil, or stones, to be used as prophylaxis and cures. Moreover, acts of healing were performed in the sanctuaries, and talismans (*ḥijāb*) were made in such holy places, mostly for fever and sterility but also for mental disturbances.¹¹¹ Certain passages of the Qur'ān (*āyāt ash-shifā'*) were considered to be particularly efficacious in restoring health and were used on amulets, in incantations, and magical remedies (see below).¹¹² As with doctors, there was specialization among saints, some of whom were considered particularly effective in curing mental

¹⁰⁸ Crapanzano emphasizes the importance of dreams for Moroccans in his 'Saints, Jnūn, and Dreams: An Essay in Moroccan Ethnopsychology', *Psychiatry*, 38 (1975), 145-59; *istikhara* refers to the practice of visiting a saint's tomb in order to dream, whereby the sick might receive a prognosis and treatment (ibid. 148). Aside from giving an indication of the future, dreams were also valued as a means of communication with the supernatural. In 'visitational dreams', according to Crapanzano, the saints and jinn may appear to the dreamer, and they may articulate psychological conflict in the dreamer and serve as a means of resolving it; the Moroccan also conceives of his personal history in terms of the impersonal saints and jinn and expresses it in these terms.

¹⁰⁹ Canaan, *Aberglaube*, 70-6. Cf. Annemarie Schimmel, 'Das Gelübde im türkischen Volksglauben', *Die Welt des Islams*, NS 6 (1959), 71-90.

¹¹⁰ Canaan, *Mohammedan Saints*, 103-6. Cf. Acts 19: 12.

¹¹¹ See Canaan, *Aberglaube*, 49-56 et *passim*.

¹¹² Lane, *Manners and Customs*, 1836 edn., i. 328-9.

illnesses. Al-Khaḍer or St George enjoyed by far the greatest reputation of healing the mentally deranged.¹¹³

Because of the ethnographic studies of Taufik Canaan, we are well informed about the healing of nervous and mental disorders at the churches and shrines dedicated to St George in Palestine until recent times. Canaan lists twenty-one shrines to St George, which were honoured by all sects of Christianity and by all creeds. The most important of these shrines were on Mt Carmel and near Bêt Djālā. The latter was on an elevated place; the Greek Orthodox church was surrounded by a convent and lay in a village called el-Khaḍer. The inhabitants of the village were all Muslims, but the whole area around the sanctuary used to belong to the convent. When the mentally disturbed were brought to this church, the priest would chain them in the narthex in front of the church. They were given a simple straw mattress, bread and water, but no protection from the weather, and the hygiene conditions were apparently appalling. The peasants who visited the church used to put the chains around their necks momentarily in order to safeguard themselves against any mental affliction.¹¹⁴

To illustrate the miraculous healing by St George, as well as to show 'how such ideas are propagated by the priests themselves', Canaan relates a story that was told to his father by one of the priests. One Saturday afternoon the priest Ibrāhīm al-'Awwā went, with a friend, to the convent of St George to read the night and Sunday morning masses. They found a furious, mentally disturbed bedouin shaykh of the Tayāhā tribe chained in the church, and he constantly tore off his clothes. When Ibrāhīm and his assistant got up in the night to perform their priestly duty, they saw the shadow of a man moving along the roof of the church. They awakened the monk, and they discovered the naked shaykh crouching in a corner. The superior of the convent tried to clothe him, took the shaykh into a warm room, and massaged his body. He asked the disturbed man how he had got out of the church, and the shaykh replied: 'A gentle-looking man, with a spear in his hand, riding a horse, appeared to me and ordered me: "Get up and go to your tribe." He touched the chain with his spear and it fell off my neck. I climbed up the chain from which the church lamp hung. Swinging myself to and fro I reached a window in the dome of the church from which I got out.' From that

¹¹³ Canaan, *Mohammedan Saints*, 106, 119. The prophets al-Khidr and Elias are commonly confused with St George in Islam; see *El2*, s.v. 'Djirdjis' (B. Carra de Vaux).

¹¹⁴ Canaan, *Mohammedan Saints*, 122, 157 n. 8, 304; Stephan H. Stephan, 'Lunacy in Palestinian Folklore', *Journal of the Palestine Oriental Society*, 5 (1925), 8-9. Canaan also describes the exorcism in Palestine of other illnesses than insanity: *Aberglaube*, 116-19.

time, the shaykh was completely recovered, and he kept his vow to give seven goats every year to his healer, St George.¹¹⁵

Canaan also reports that it was often necessary for the director, or *raïys*, of the church to 'hasten the cure' by beating the patient in order to drive out the devil.¹¹⁶ Sceptical of these practices, Canaan notes that the patients were often justifiably furious at the prospect of such treatment when they fell into the priests' hands. Later, the priests would secretly unfasten the chains when the insane had improved and tell them that the saint had pronounced them cured. Prayers and beatings were also common among the Muslims:

Whenever a sick person shows any nervous symptoms like hysterical fits, apoplexy, epilepsy and even convulsions resulting from fever a shaykh is called for treatment. He writes a talisman, recites prayers, spits on the patient and massages the body. This massage is always done in such a way that the hand of the shaykh moves from the upper parts of the body downwards. The reason for this direction of movement is that the devil should be massaged out from the important organs to the less important ones and eventually out of the body through the lower extremities. The massage develops in most cases to violent beatings, which may be carried out with the hand, with a stick, shoe or even with a holy object, like the wooden shoe of the Madjthüb.

It is easier to drive out devils when the bodily condition of the possessed person is at the lowest. It is a common belief that the *djinn* prefer well-built, corpulent patients. This explains why the patients are fed so badly. Neglect of cleanliness leads to the same result.¹¹⁷

Offerings were also made to St George, and food was given to the mentally disturbed in the name of the saint. For example: 'O St. George, if my son returns to normal mental condition, I shall slay a sheep for the *madjānīn* of your shrine.'¹¹⁸ Vows were also made to the mentally disturbed. Canaan cites the example of an insane man in 'Ayn 'Arik who rarely spoke and walked only backward, but the villagers considered him a saint. It was believed that his behaviour foretold events, and vows were made to him for the recovery of the sick.¹¹⁹

Canaan's survey of sanctuaries as places of healing is corroborated by Theophilus Waldmeier, the founder of the first modern mental asylum in Lebanon that was known as Asfouriyeh. In his campaign for funds to establish this institution in the late nineteenth century, he recounted the

¹¹⁵ Canaan, *Mohammedan Saints*, 120-3.

¹¹⁶ See also Meyerhof, 'Beiträge', 322.

¹¹⁷ Canaan, *Mohammedan Saints*, 124-5. El-Shamy ('Mental Health', 24) gives a far-fetched psychological interpretation to such corporal treatment in Egypt: it marks the withdrawal by the family or community of its tacit permission for a person to be possessed.

¹¹⁸ Canaan, *Mohammedan Saints*, 177.

¹¹⁹ Ibid. 134-5.

traditional treatment of the insane. Paradoxically, although Waldmeier was critical of these long-lived practices, he accepted the literal meaning of the New Testament passages concerning demon possession. He said that the only form of insanity was 'demonomania' or possession and the only treatment was exorcism.¹²⁰ He described the traditional therapy at the monastery of Kuzheya (or Qazhayya), which had a famous cave that was used for casting out evil spirits. The cave was dedicated to Saint Anthony of Padua, who lived there as a hermit for forty years and was believed to have bestowed special healing powers on the monks. The exorcism took place inside the cave, where the stalactites were broken up and sold as amulets by the monks. Along the sides of the cave were stone blocks on which the patients were seated, their necks being chained to the wall.

The initial treatment consisted of merely letting the afflicted person remain in the cave for three days. On the third night, the patron saint was expected to appear, cast out the demon, and restore him to reason. If the subject survived the wait but did not recover, the monks then resorted to more forceful methods. He was made to face the priest who beat him on the head with a heavy boot while he read the text of exorcism: 'Get thee away from this person, accursed devil, and enter into the Red Sea and leave the temple of God. I force thee in the name of the Father, the Son, and the Holy Ghost to go to the everlasting fire. . . . In cases where the patient died while in the cave, the monks told his family that Saint Anthony had loosened his chains and had taken him straight to heaven which entitled the monastery to a donation.

Waldmeier also described another cave near Mt Carmel, where the insane were similarly incarcerated for three days and nights in the hope of a visitation from the Prophet Elijah. Reportedly, Muslims also appealed to Elijah and resorted to amulets, charms, and bleeding.¹²¹

Together with these dramatic examples of faith-healing, it is apparent that the notion of madness as jinn-possession still persisted in Palestine in the early twentieth century; the 'possessed' of the New Testament—the naked madman who dwelt among the tombs or in the wilderness (Luke 8: 27, Mark 5: 3)—was still a reality.¹²² In everyday speech there

¹²⁰ The following account is taken from Herant Katchadourian, 'The Historical Background of Psychiatry in Lebanon', *BHM*, 54 (1980), 544–53; I have been unable to locate Waldmeier's *Appeal for the First Home for the Insane on Mt. Lebanon* (London, 1897).

¹²¹ Katchadourian, 'Psychiatry in Lebanon', 547–58.

¹²² Stephan, 'Lunacy', 1–2. Stephan's description of madness in general and the 'afārūt in particular is strikingly similar to Blackman's account in Upper Egypt (*The Fellahin*, ch. 14). Stephan's account, however, attests to the author's own ambivalence toward madness: the madman is at once a 'laughing-stock', a criminal, a man divinely punished as well as divinely selected, and possessed by jinn.

were about thirty synonyms for *majnūn* in Arabic with various shades of meaning.¹²³ There was still the lingering notion that the mentally disturbed were specially blessed by God; it was most likely to be conceded, however, to a dervish in his holy rage.¹²⁴ Both the good and bad jinn could cause madness, but the good spirits only inflicted it as a punishment for their victims' immoral behaviour. It was believed that defiling the habitations of the jinn generally would also create lunacy. A mother who beat her child on the threshold of her house—being the dwelling-place of the jinn who inhabited the house—or pouring water out-of-doors, without asking the earth jinn for permission or even drawing their attention to it, might cause insanity.¹²⁵ As a result, the victim of the jinn might receive a blow in the face, be shouted at, or be spoken to by an enchanting voice, which no one else could hear; it is interesting that these modern signs of insanity have parallels to similar instances in the New Testament. Insanity was not necessarily caused by the jinn, but they were the most important cause. Madness was rarely caused by sorcery, while it was believed that wine and alcohol created temporary insanity. A sudden emotional shock (*khaddāh*) might be partly responsible for mental derangement. Insanity could also be inherited; some people believed that *coitus nudus*, intercourse in the open, or during menstruation affected the mental state of the child. The seeds of mandragora officinalis, *shujjā'*, affected the brain for a time, so that the plant, as well as the fruit, was called the 'lunatics' apple', *tuffāh il-majanīn*. Henbane, *saykarān*, was believed by Palestinians to cause madness in animals.¹²⁶

Aside from appealing to the saints to drive out the evil spirits, the Palestinians used other methods: prayers and burning incense, the recitation of an exorcism (*ta'sīm*),¹²⁷ or an amulet. The Muslims could apparently resort to the Qadiriya order of sufis for exorcism because

¹²³ Stephan, 'Lunacy', 2-3; Stephan also gives (pp. 9-14) seventy-one proverbs or phrases concerning madness. See also the terminology for *majnūn* in Canaan, *Dämonenglaube*, pp. 45-7.

¹²⁴ Stephan, 'Lunacy', 4.

¹²⁵ Ibid. 5, n. 5: 'Spirits are supposed to hover before the door, so pouring out of water would irritate them. This is also the case when one urinates in fire or pours water in it without asking permission. This leave must be "applied for" by reciting this formula: *dastūr, hādūr, ya sukkān yn-nār, ytfār'u lā tytfār'a'u*, "By your permission, take care, O inhabitants of the fire. Scatter but do not explode."

¹²⁶ Ibid. 4-7.

¹²⁷ In a footnote, Stephan recounted a recent incident in which a father went to Jerusalem to have an exorcist heal his epileptic son. Because the charge for the service was excessive—'five pounds Egyptian and a sheep'—the exorcism was not performed, but it does give us some idea of the cost of exorcisms in early 20th-cent. Palestine.

they regularly took charge of treating lunatics.¹²⁸ In the district of Majdal Šādeq (Majdal Yābā), the descendants of a certain Ḍāmrah had specialized in this service, and in Dēr Ghassāneh, the family of Rābī were exorcists. The insane person was usually put on a special diet, mostly unleavened bread; he was imprisoned in a dark room or dry cistern underground; and he was given an astringent inhalant that caused delirium, after which there was supposed to be some improvement. The madman might be cauterized on the back of his neck or on the top of his head. Massage was also used but was apparently less effective than beating the madman with a pomegranate stick because the pomegranate tree was believed never to be inhabited by jinn. Furthermore, it was thought that possessed women could be cured by regular sexual intercourse with their husbands. 'The *jinn* in the vicinity will then say to the demon who inhabits the woman: "Alas! May the man put his penis in your ass!" whereupon he is ashamed and *bidbal*, "fades away", leaving her forever!"¹²⁹

The beliefs of the Turks about psychic disturbances and their treatment are strikingly similar to those of the Palestinians.¹³⁰ Mental illnesses were caused by being possessed or 'mixed-up' by the jinn because a person accidentally offended the jinn, violated some taboo, or was the object of sorcery. There were familiar difficulties in determining whether someone were truly insane: "The difference between a person who is *deli* (insane) and a *veli* (saint) has apparently long posed a problem, as noted in an old expression, "Some said he was *deli*, some said he was *veli*." "¹³¹ Nevertheless, the mentally disturbed were usually recognized by their aggressiveness, instability, and nonconformity, and in ordinary cases, a stigma was attached to the afflicted. Predictably, the belief that jinn-possession was the cause of madness determined preventive measures and treatment. Prayers and animal sacrifices were made to a holy person or in a sacred place (*odjak*) that was known for its curative powers, such as a tomb, spring, or tree. The tomb of a saint (*yatir*) was considered especially efficacious, and one usually tied pieces of cloth to the consecrated building or tree. The local scribe or Qur'ān teacher, the *hodja*, might inscribe a *muska*, or amulet, to ward off evil and to cure an illness. Blue beads and unattractive objects were

¹²⁸ *EI2*, s.v. 'Ḍadiriyya' (D. S. Margoliouth).

¹²⁹ Stephan, 'Lunacy', 7–8.

¹³⁰ Orhan M. Öztürk, 'Folk Interpretation of Illness in Turkey and Its Psychological Significance', *Turkish Journal of Pediatrics*, 7 (1965), 165–79; idem, 'Folk Treatment of Mental Illness in Turkey', in *Magic, Faith and Healing*, ed. Ari Kiev (New York, 1964), 343–63; idem and Volkan, 'The Theory and Practice of Psychiatry in Turkey', 330–61.

¹³¹ Öztürk, 'Folk Treatment', 349.

frequently worn to guard the wearer against the evil eye. The *hodja* was often believed to have the personal power, *keramet*, to heal and strengthen the sick. Beside writing the *muska*, they prayed, laid hands on the sick, and massaged them, breathed on them, and gave them water to drink over which incantations had been made; female healers used similar methods.

A common form of exorcism was performed by women with lead:

The lead-pourers were an hereditary group of extremely experienced and accredited old women, and much of their success was due to the confidence of both patient and family that they alone had the power to relieve suffering. Their tools were a melting-ladle, a bowl for water, a towel and the lump of lead which was carried to the patient in a covered basket. After impressive preliminaries the lead was melted in the spoon and poured into the bowl of cold water held over the sufferer's head, which was wrapped in the towel. This procedure was repeated over the patient's navel, over the feet, in the far right corner of the room and over the threshold, the old woman repeating all the while as she melted and poured: 'Not my hand; the hand of our mother Ayesha Fatma.' Some of the water was then given to the patient to drink, and some sprinkled on the head, body and feet. The patient was made to jump three times to and fro over the threshold, a piece of bread was soaked in the water to be taken away and fed to the dogs at the crossroads, and what was left was thrown to the jinns and peris that lurked in the corners of the room. If, when the lead was poured into the water, it fell into bright clean shapes the omens were good, but the treatment could be repeated twice more if necessary, although the old women had to be paid for their services each time. Failure was considered to be due to the overwhelming power of evil in that instance, and the reputation of the lead-pourers remained untarnished. Another, but somewhat less universally respected, group of women operated not with lead but with charcoal embers that had been burned in the household stove.¹³²

There is little evidence of group therapeutic rituals, like the *zār*, in Turkey; the sufi rituals were designed as religious exercises with mystical purposes. The mentally disturbed were, however, treated in the *tekkes*, or sufi lodges. Three examples of such practices in Anatolia suggest, on the one hand, a relationship with earlier Christian forms of healing and, on the other hand, their similarity with Muslim practices in other parts of the Islamic world. The most famous *tekke* for treating the insane was probably that founded by Shaykh Karacaahmed. Magical powers for healing the insane were attributed to the shaykh, and because of his success, he was revered as the Greek god Asklepios, and the *tekke* was named after him. The association with the Greek god of healing has led

¹³² Raphaela Lewis, *Everyday Life in Ottoman Turkey* (London-New York, 1971), 107-8.

some historians to believe that this cult and others like it were derived directly from ancient incubation in Anatolia; although many of the healing sites have probably preserved their sacred character, it is likely that the Asklepios cult was greatly attenuated by Christian beliefs before the advent of Islam.

The shaykh's descendants carried on ritual healing. The afflicted were initially carefully examined before the treatment. If the disturbed person raged and screamed, he was admitted; quiet individuals, idiots, and many epileptics were not admitted. The insane were admitted for forty days and treated in the following manner: the patient was taken to the tomb of Karacaahmed or to that of Shaykh Eschref. During the following night, the deranged person was kept alone and bound in a large, dark vault. In the morning, the individual was led into the house of the shaykh and allowed to sleep there. If he were healed at this point in the ritual, he would be discharged from the *tekke*; if not, he would be interned again in the vault. The patient would follow a strict diet of saltless bread and a few vegetables. Meat and fat were prohibited. After a supervised morning stroll, the patient talked with the healer. When the disturbed individual gave logical answers to his questions, he was considered to be cured and released. During the treatment, the patient received as a medicine water filtered through fragments of stone upon which Karacaahmed had sat. He also bathed in curative waters. Women were cared for by the female relatives of Karacaahmed. No charge was made for the treatment; if it were successful, the relatives would sacrifice an animal and give a gift to the healers.¹³³

The tomb-tekke of Onacak in Burdur was also a well-known healing site for the insane and was a Seljuk foundation.¹³⁴ The deranged were led to the tomb, where reportedly there was a form of 'temple sleep' and dream interpretation afterward; the treatment could last for up to forty days. With improvement, the patient was moved to another location in the environs of the tomb to work. The shaykh in charge of the tomb decided on the individual's release. A third tekke was located near Ankara.¹³⁵ According to Hājī Khalīfa (Kātip Çelebi): 'In the neighbourhood of Ankara in the village of Köprü Köyü there is a well for the insane. One called it "Haydar Baba Sultan Kuyusu" [for Haydar Sultan]. It lay next to the ruins of a church, but there was no water in the well. The insane would be led to this well and made to look into it. By this

¹³³ Terzioğlu, 'Mittelalterliche islamische Krankenhäuser', *Annales of the University of Ankara*, 13 (1974), 139–40.

¹³⁴ Ibid. 141; see Aksi Süheyl Ünver, 'Essai sur l'histoire de la santé mentale', 8–11.

¹³⁵ Terzioğlu, 'Mittelalterliche islamische Krankenhäuser', 141.

procedure, the person would either be cured or die immediately. The well had a legendary reputation. Beside the well lay a great cemetery. It was called the cemetery of the insane. . . . If a normal man looked into the well, nothing happened, and he was not harmed. From the well came a sulfur smell because the well contained sulfur water. Presumably, this sulfurous gas worked as shock therapy. After breathing it, the insane became powerless. In these circumstances, words were whispered to them by a healer, suggesting the method of healing.¹³⁶

(C) PROPHETIC HEALING

And We send down, of the Koran, that which is a healing and a mercy to the believers (17: 82).

As we have seen, the Qur'ān says virtually nothing about medicine in the ordinary sense of healing physical illnesses. Later Muslim writers recognized that one's spiritual condition was directly related to physical health, and they emphasized the physical benefits of spiritual well-being. Beyond this psychic advantage, however, some Muslims claimed much more. Because God was the source of all physical health and illness, He was logically the fountain-head of all healing. The medicine of the doctors and 'mothers' cures' were clearly secondary, although useful, to divine healing that was revealed by the Prophet. Whereas the Qur'ān was inadequate as a guide to such healing, the rich fund of *ḥadīth*, or pious traditions, filled this need. They are reputed to be reports by first-hand witnesses of the words, actions, and silent approval of Muḥammad concerning a wide variety of subjects, and they have had an enormous influence. The life of Muslims, both personally and communally, has largely been based on these pious traditions that claim to represent the Prophet's extra-Qur'ānic precepts and example.¹³⁷

The *ḥadīth* related to medicine are relatively few,¹³⁸ usually late, and frequently cryptic or contradictory. It is quite possible that some of these pious traditions do transmit Muḥammad's opinions about various aspects of Arab practices during his lifetime, but they certainly multiplied greatly after his death. Prophetic medicine, *aṭ-ṭibb an-nabawī*

¹³⁶ Quoted *ibid.* 143. See Ahmet E. Uysal, 'Deliler Kuyusu', *Türk Folkloru Araştırmaları* (Ankara, 1981), 93–111.

¹³⁷ Rahman, *Health and Medicine*, p. 22.

¹³⁸ e.g. A. J. Wensinck, *A Handbook of Early Muḥammadan Tradition* (Leiden, 1927), s.v. 'medicine'.

or *ṭibb an-nabī*, was basically the compilation of these *ḥadīth* relating to matters of health and illness by later Muslim jurists; in their own commentaries on the traditions, the legalists drew freely on Galenic principles. The purpose of Prophetic medicine was, then, to offer to fellow Muslims a set of values and a scheme of behaviour regarding physical well-being, including even everyday etiquette, that were based on the life of the Prophet and his pronouncements.¹³⁹ Proper or healthy conduct is enjoined by the *ḥadīth*. What is proper is governed by the example of the Prophet; what is healthy is usually defined according to the Hippocratic ideal of moral and physical equilibrium. The proper balance is achieved and maintained by a suitable regimen that regulates the six 'non-naturals'. It is often argued that Muslim rituals, such as the movements of prayer, ablutions, and fasting, are a natural part of a healthy regimen. In general, the emphasis is on the preservation of health by leading a well-regulated life, following a moderate diet, and avoiding familiar sources of illness or injury.

Concerning the restoration of health, other *ḥadīth* commend professional medicine in general and give advice on diseases in particular. Regarding Galenic medicine, it is seen as a divine gift and as part of God's unknowable plan for mankind. For example, one tradition claims that there is medicine for every sickness.¹⁴⁰ In other words, God has mercifully provided cures for all illnesses though all the remedies have not yet been discovered by men. Similarly, it is frequently stated that science is twofold, the science of bodies and the science of religions. Aṣ-Ṣūyūṭī, in his tract on Prophetic medicine, simply asserts: 'There is universal agreement that the use of medicine is lawful.'¹⁴¹ These assertions have to be seen against the background of anti-medical sentiment, i.e. recourse to medicine was an expression of one's distrust in God. There are also statements of the Prophet regarding specific illnesses and their treatments. These pronouncements appear to have come from a variety of sources, including folk medicine, pious supposition, and theological conflict. Illustrative of the latter are the conflicting *ḥadīth* that both affirm and deny contagion or infection—no distinction was made between these two epidemiological concepts in pre-modern medicine; they are largely the expressions of differing views about God and natural causation. There are some *ḥadīth* that are simply contradictory, such as those dealing with cauterization.

¹³⁹ See Andrae, *Die Person Muhammads*, 88–91, based on the work of Prophetic medicine by adh-Dhahabī.

¹⁴⁰ Wensinck, *A Handbook*, 148.

¹⁴¹ Elgood, 'Tibb-ul-Nabbi', 124.

Considerable attention is given in the treatises on Prophetic medicine to specific substances, foods, and personal habits that are believed to be helpful in preventing or curing illness, as well as those that are believed to be harmful in causing or aggravating illness. For example, Ibn Qayyim al-Jawzīya in his work on Prophetic medicine¹⁴² says that gold, aloes, milk, and especially narcissus are good for mental disturbances. On the other hand, lentils cause melancholia, and in those of a bilious temperament, they cause evil illnesses, such as delusions, leprosy, and quartan fever; cows' meat causes leprosy, melancholia, and delusions; and a man who does not perform *ghusl*, or major ablutions, before sexual intercourse is responsible if his wife gives birth to a mentally retarded child. Aṣ-Ṣuyūṭī states very much the same sort of thing in his work on Prophetic medicine. In addition, coriander seeds boiled in fat are good for delusions; wearing silk is useful against melancholia; senna should be employed in cases of idiocy; and only narcissus seeds can blot out madness, leprosy, and vitiligo.¹⁴³ Madness is not a major subject in aṣ-Ṣuyūṭī's treatise, but he reports the statement of 'Ayisha that 'whoever sleeps in the late afternoon, renders himself mad and has only himself to blame'.¹⁴⁴ Prayer, incantations, cautery, blood-letting, and purges are healing techniques that are recommended for a wide range of maladies, including madness, and they are indicative of the eclectic nature of Prophetic medicine.

While the *ḥadīth* freely discuss sorcery, the evil eye, and the jinn as specific agents of ill-health, what do the *ḥadīth* and, consequently, their commentators say about the reason for sickness and disease? Generally, God causes illness as a trial or blessing for the believer. If the trial is endured with patience, the effect is chastening, expiatory, even meritorious, and some diseases, such as plague, may bestow the benefits of martyrdom, that is, an assured place in paradise.¹⁴⁵ For example, it is reported that Abu Harīra was once talking to the Prophet and said that fever was a curse to a man. 'But he [Muḥammad] replied: "It is not a curse, for it cleanses sin in the like manner that fire cleanses the dross of iron."'¹⁴⁶ Aṣ-Ṣuyūṭī devoted an entire section of his book on Prophetic medicine to 'A Complete Exposition on the Good That Results from Sickness, on Visits to the Sick, Etc.' Divine punishment in the form of ill-health is the result of moral infractions, such as drinking intoxicants and illicit sexual intercourse. One of the pious legends sums up the matter

¹⁴² *At-Tibb an-nabawī* (Cairo, 1398/1978).

¹⁴³ Elgood, 'Tibb-ul-Nābbī', 78, 80, 92, 96, 107, 116, cf. 161.

¹⁴⁴ Ibid. 59. See also pp. 61, 147.

¹⁴⁵ See Dols, *The Black Death*, 112–13, 291.

¹⁴⁶ Elgood, 'Tibb-ul-Nābbī', 141.

nicely: 'Said al-Hārith al-Majāsi: "Affliction is for trouble-makers a punishment, for those turning to God a penance, and for the pure in heart a mark of honour."'¹⁴⁷ By contrast to Christianity, what is conspicuously de-emphasized in these *ḥadīth* and their commentaries is the view of illness and, ultimately, death as a divine punishment for the believer. Celestial punishment is usually reserved for disbelievers or heretics. Corresponding to this view of illness in Islam is the dearth of personal guilt or self-reproach. A good Muslim is not responsible for his illness; his suffering may be attributable to God or to other people.¹⁴⁸

The Qur'ān expresses this principle clearly. No guilt should be attached to human illness or infirmity, and no stigma should be attached to the diseased:

There is no fault in the blind, and there is no fault in the lame, and there is no fault in the sick, neither in yourselves . . . there is no fault in you that you eat all together, or in groups separately.¹⁴⁹

This passage touches on another important theme of the Qur'ān in relation to illness: mankind is not by nature sinful, as in Christianity. Man may certainly sin, but there is no equivalent of the Christian doctrine of Original Sin in the Qur'ān. In Islam, human nature may be characterized as that of a 'rational animal', ennobled by reason but vulnerable to bestial passions—and insanity was the removal of the noble, essential part of humanity. The Christian view of human nature is basically similar but with quite different emphases. Even for the pious Christian, sickness is the inescapable consequence of his inherent sinfulness. Not unrelated to this question of the meaning of illness, the Qur'ān also does not inculcate a dichotomy between the mind and the body. The Qur'ānic position appears close to the Jewish view of the integrity of the individual and quite unlike the Christian belief in the uneasy union of a heavenly soul and an earthly sinful body. Therefore, in principle, a Muslim could not be physically sick and spiritually healthy or vice versa. Moreover, the Qur'ān appears to

¹⁴⁷ Elgood, 'Tibb-ul-Nābbī', 162.

¹⁴⁸ See N. Bazzoui and I. Al-Issa, 'Psychiatry in Iraq', *British Journal of Psychiatry*, 112 (1966), 829. This cultural trait is refuted by M. Fakhr El-Islam in his study of depressive patients at Qaṣr al-Aīnī psychiatric clinic in Cairo (no date): 'Depression and Guilt: A Study at an Arab Psychiatric Clinic', *Social Psychiatry*, 4 (1969), 56–8. Ironically, El-Islam's investigation provides considerable support for the projective tendencies in Islamic society. As he states, the illiterate, consequently the more traditional, Egyptians 'did not seem to direct any aggression against themselves and most projected the responsibility for their distress on to God or other people. Acts of sorcery were frequently blamed by the illiterate as methods whereby the malicious intentions of other people could produce the symptoms' (p. 58).

¹⁴⁹ Sūras 24: 60. See also 48: 17.

maintain that God acts through natural causation and human volition to effect his purposes; in other words, within limits, human beings have freedom to act, for the denial of this freedom would undercut the entire teaching of the Qur'ān.¹⁵⁰

In general, the *ḥadīth* literature created fundamental changes in Qur'ānic teaching. Fazlur Rahman has argued that the thrust of the *ḥadīth* has been the discouragement of personal initiative and the promotion of the status quo in moral, religious, and political affairs.¹⁵¹ The playing out of such a view in medical matters would lead inevitably to passive resignation to illness and disease, which were inexplicably sent by God. Specifically, the *ḥadīth* appear to have presented the non-punitive interpretation of illness and the notion of a mind/body dualism, in which the soul was, of course, superior to the body. Thus, Prophetic medicine expressed in a popular form a number of significant theological beliefs that may have greatly influenced the opinions of devout Muslims and their actions, especially in their perception of insanity.

Aside from these theological points of view in the medical or quasi-medical *ḥadīth*, they also perpetuated some of the indigenous practices and beliefs of western Arabia at the time of the Prophet. It was well known in the Middle Ages that these *ḥadīth* were derived from the folk medicine of the Arab bedouin, which possessed the empirical value of most primitive medicine. But the retention of this 'medicine' was also a selective process, for some beliefs were not retained.¹⁵² In the later Middle Ages, Ibn Khaldūn called attention to the fact that Prophetic medicine was native Arab folk medicine. He declared emphatically that it was not a part of the divine revelation to Muḥammad, but he admits the physical benefit of psychological well-being created by religious faith.¹⁵³ Ibn Khaldūn also contrasts 'scientific medicine' with Prophetic medicine, although Galenic medicine played a significant role in Prophetic medicine.¹⁵⁴ There was, however, an undeniable conflict between the principles of professional medicine and religion.¹⁵⁵ Mundane natural processes were the source of medical authority for the Galenic physician.

¹⁵⁰ Rahman, *Health and Medicine*, 22.

¹⁵¹ Ibid. 23.

¹⁵² e.g. concerning insanity, the Arabs believed that madness was cured by the blood of certain noble families. There is no evidence that this belief entered into the *ḥadīth* literature.

¹⁵³ Ibn Khaldūn, *Muqaddimah*, Rosenthal trans., iii. 150.

¹⁵⁴ See *MI*, 18 f., 185-9; *IM*, 5, 22; J. Christoph Bürgel, 'Secular and Religious Features of Medieval Arabic Medicine', in *Asian Medical Systems: A Comparative Survey*, ed. Charles Leslie (Berkeley, Calif., 1977), 44-62.

¹⁵⁵ The issues are well presented by Franz Rosenthal in two of his articles: 'The Defense of Medicine in the Medieval Muslim World', *BHM*, 43 (1969), 519-32, and 'The Physician in Medieval Muslim Society', *BHM*, 52 (1978), 475-91. For further discussion and bibliographical references, see *MIM*, 40.

Philosophically, the religious view struck at the very heart of rationalism, and medicine in particular, by denying the basic principle of natural cause and effect.¹⁵⁶ Moreover, the medical craft in Islamic society was a foreign skill and was closely allied with Greek philosophy, the study of which did not ingratiate itself with strict Muslim religionists. In practice, medicine was mainly in the hands of non-Muslims—Christians and Jews—which also created suspicion. Yet, if it were conceded—and it usually was—that God was the ultimate creator of all things, including the art of medicine, there was common ground for both theologian and doctor. Writers of books on Prophetic medicine, on the one hand, and the writers on ‘scientific’ medicine, on the other, might value medicine as a necessary and charitable vocation, and they might recognize one another’s technical expertise in particular illnesses.

Prophetic medicine reveals the blending of these three elements: the folk medicine of the Arabian bedouin, Galenic concepts that had become common parlance (such as humours, temperaments, and qualities), and the overarching principle of divine causation. Why did Muslims create this literature? Either a need for such instruction was felt by pious Muslims, or Muslim intellectuals felt that their co-religionists should be so instructed. It was probably both. Prophetic medicine represented a type of healing that was compatible with Muslim beliefs and cognizant of popular perceptions of illness. With a view toward insanity, the deficiencies of the rigorous materialistic approach of medieval Galenism may have been an incentive for a non-somatic approach to disease causation and therapeutics. Historically, the collection, study, and authentication of the large body of *ḥadīth*, including the medical ones, seems to have reached its peak in ninth-century Baghdad.¹⁵⁷ At the same time, as we have seen, there was a lively competition between medical systems. Greek medicine largely won the contest with the aid of princely patronage; the final result was the translation into Arabic of all the extant works of Greek medicine. The response of the Muslim jurists was to subordinate elements of Galenic medicine to their religiously orientated medicine. The process was quite similar to comparable intellectual conflicts in other areas caused by the introduction of the Greek philosophical and scientific tradition and the eventual accommodation of the foreign tradition within Islamic culture. The supporters of Prophetic

¹⁵⁶ See Klein-Franke, *Iatromathematics in Islam*, 20–5; idem, *Vorlesungen über die Medizin im Islam*, 19–27, 109–32.

¹⁵⁷ See G. H. A. Juynboll, *Muslim Tradition: Studies in Chronology, Provenance and Authorship of Early Ḥadīth* (Cambridge, 1983).

medicine apparently wanted, on the one hand, to defend the practice of healing against its pietistic opponents, and on the other hand, they wanted a medicine divorced from its pagan past and its non-Muslim practitioners. The type of accommodation that was made can clearly be seen in the fourteenth-century work on Prophetic medicine by Ibn Qayyim al-Jawzīya. He says specifically that divinely revealed medicine is to Galenic medicine as the latter is to superstitious folk medicine.¹⁵⁸

The Medicine of the Prophet by Ibn Qayyim al-Jawzīya exemplifies well the nature of Prophetic medicine. Ibn Qayyim was born in Damascus in 691/1262. Despite his humble origins, he was given a good education in the usual religious sciences: Qur'ānic exegesis (*tafsīr*), *ḥadīth*, and the sources and branches of Islamic jurisprudence (*fiqh*). He studied under a number of men, but from 713/1313 he became the most famous student of the theologian Ahmad ibn Taymīya. As we have seen, Ibn Taymīya's theological views were quite conservative. During his teacher's last imprisonment, from AD 1326 to 1328, Ibn Qayyim was imprisoned with him and subsequently suffered some minor disadvantages due to his adherence to Ibn Taymīya's teachings. Like him, Ibn Qayyim wrote on aspects of theology and law as well as politics; unlike him, he was more strongly affected by sufism. 'Much less of a polemicist than his master and much more a preacher (*wā'iz*), Ibn al-Qayyim finally left behind him the justified reputation of a writer of great talent, whose eloquence contrasts with the incisive dryness of the succinct prose of his famous master.' In 731/1331–2, Ibn Qayyim made the pilgrimage to Mecca. In AD 1342 he began teaching at the Sadriya madrasa in Damascus, where he remained until his death in 751/1350.¹⁵⁹

Ibn Qayyim was a prolific writer. In his works concerning medical matters, Ibn Qayyim's interests are naturally religious. These works include: *Shifā' al-'alīl fī l-qadā' wa l-ḥikma wa t-ta'līl* ('Healing of the Sick With Judgement, Wisdom and Justification'); *ad-Dā' wa d-dawā'* ('Sickness and Healing'), a work on the healing powers of the Qur'an; *Tibb al-qulūb* ('The Medicine of Hearts'), and *at-Tibb an-nabawī* ('The Medicine of the Prophet'). The last, which is our primary concern, is divided into two parts. The first part begins with an introduction to the subject and, then, follows a cumbersome succession of thirty-six topics, primarily illnesses and treatments: fevers, diarrhoea, plague, dropsy,

¹⁵⁸ *At-Tibb*, 73: 'The relationship of the medicine of the doctors is to it [Prophetic medicine] as the relationship of the medicine of roadside practitioners [*ṭuruqīya*] and old women to their [the doctors'] medicine.' Cf. Rahman, *Health and Medicine*, 42, and Cyril Elgood, 'The Medicine of the Prophet', *Medical History*, 6 (1962), 149.

¹⁵⁹ *El2*, s.v. 'Ibn Kayyim al-Djawziyya' (H. Laoust).

wounds, cupping and cautery, epilepsy, sciatica, dryness of the constitution, itch, pleurisy, headache and migraine, omission of disliked foods from the diet, pain in the fauces and use of sternutatory, heart illness that includes a discussion of dates and the number seven, diet, ophthalmia, paralysis, food contaminated by flies, inflammations (pustules, boils, and abscesses), psychological treatment, treatment with drugs and foods, the bewitchment of the Prophet, choosing a physician, stages in illnesses (especially contagious diseases and their prevention), avoidance of unlawful methods of treatment, lice, the evil eye, incantations, treatments for accidents and emotional upsets, preservation of health, foods and drinks, regimen according to the 'non-naturals', sexual intercourse, the use of scents, and protection of the eye. The second part of the work is an alphabetical listing of ninety-five substances, including materia medica, and ritual practices, such as prayer and fasting, that are in any way related to health and are mentioned in the Qur'ān or are recommended by the Prophet.

Ibn Qayyim's point of view is apparent at the beginning of his work where he refers to the Qur'ānic description of 'those in whose hearts is sickness'. He makes a clear distinction between the heart (*qalb*) or soul and the body (*badan*). His central concern is with the soul and the practical aspects of Muslim piety. The condition of the soul determines the state of the body or, to reverse the title of one of Galen's major treatises, 'The temperament of the body follows the faculties of the soul'. Predictably, the methods for the maintenance and restoration of health are based chiefly on the reports of the deeds and sayings of the Prophet. Ibn Qayyim looks first at Qur'ānic verses and *ḥadīth*, which make up the *sunna*, or exemplum, of the Prophet; they are clearly more authoritative than medical principles. Thus, he considers what is permissible for a particular action according to Islamic law. Is medicine itself in accordance with the divine decrees and are cures possible? He concludes that medicine is not only permitted but recommended, and in some cases obligatory. No remedy, however, can be employed if it does not accord with Islamic law; for example, theriac was prohibited because its essential component was snake, which was legally proscribed. Generally, the guidance of the Qur'ān and *ḥadīth* take precedence over secular medicine, which is employed only to supplement divine medicine. Galenic theory is dovetailed into religious doctrine, often in a highly scholastic manner, as in Ibn Qayyim's attempt to harmonize the contradictory *ḥadīth* dealing with contagion/infection, and 'natural' remedies complement religious healing. On the actual practices of physicians, Ibn Qayyim is often quite critical.

Compared with similar collections of *ḥadīth*, there is less emphasis on the technical transmission of traditions and far fewer anecdotes. There is also little reference to the standard textbooks of earlier doctors, such as aṭ-Tabarī, ar-Rāzī, or Ibn Sīnā. Yet, *The Medicine of the Prophet* is similarly prescriptive, rather than being descriptive of actual cases. Particularly relevant to mental disturbances are Ibn Qayyim's discussions of epilepsy (*ṣar'*), the Prophet's bewitchment, the evil eye, incantations, and lovesickness (*'ishq*).

Ibn Qayyim's explanation of epilepsy and its treatment is a good illustration of the general tenor of Prophetic medicine and is particularly informative about the interpretation of psychic disorders. The section on epilepsy combines unevenly the three elements of Prophetic precedence, Greek medicine, and religious interpretation. It begins by giving a relevant *ḥadīth*:

Ibn 'Abbās said: 'Shall I not show you a woman who is one of the people of paradise?' 'Yes indeed,' I said. So he replied, 'This black woman came to the Prophet and said: "I am an epileptic, and when I have a seizure, I am uncovered. So will you supplicate God on my behalf?" He answered, "If you wish, you may bear the affliction patiently and be assured of paradise, or I can beseech God to heal you." She declared, "I shall be patient. But will you pray to God that I will not be uncovered?" So he prayed for her.'¹⁶⁰

The report obviously involves the woman's shame at exposing her body when she lost self-control during an epileptic seizure. The Prophet offers her the choice of healing, which is indicative of the post-Qur'anic development of Muḥammad's miracles, or the promise of salvation—epilepsy being one of the illnesses that, according to other *ḥadīth*, ensures the sufferer's place in paradise if the disease is endured patiently. The woman chose the latter alternative but asked that she not be exposed to humiliation during her attacks, so the Prophet complied and prayed for her as she requested. The story avoids miraculous healing and affirms the spiritual value of resignation to physical suffering.

Ibn Qayyim comments on this *ḥadīth* that epilepsy is of two kinds: that caused by evil, earthly spirits and that caused by a humoral imbalance.¹⁶¹ In other words, the cause was either supernatural or natural. It becomes readily apparent in the rest of the chapter that Ibn Qayyim gives greater credence to the first view and that his interpretation of epilepsy is quite elastic. The second aetiology is the view of the physicians and is implemented in their treatments. According to Ibn Qayyim, these physicians recognize the work of the spirits but can do

¹⁶⁰ *At-Tibb*, 135.

¹⁶¹ *Ibid.* 136.

nothing about them; the only treatment is the marshalling of good and noble spirits against the evil ones. Unaccountably, Ibn Qayyim cites Hippocrates in support of his opinion about the 'sacred disease'. In one of Hippocrates' works, he is supposed to have said: 'This [naturalistic treatment] is useful only for epilepsy that is caused by the humours; as for epilepsy that is caused by spirits, this treatment is of no use.'¹⁶² These views are diametrically opposed to Hippocrates' argument in his famous *On the Sacred Disease*. Furthermore, Ibn Qayyim states that Galen and others disagreed with the ancients in their interpretation of the name of the illness, and the former believed epilepsy was called the 'sacred disease' because it occurs in the brain and damages the divine part of man. Consequently, this view became dominant among physicians in late antiquity because of their ignorance of the spirits and the authority of Galen and his followers. Then came the 'free-thinkers' (*zanādiqa*), presumably Muslims who were strongly influenced by Greek science in the early 'Abbāsid period, and they confirmed the humoral causation of epilepsy. According to our author, such a view is laughable to intelligent and knowledgeable men. Only the ignorant and irreligious doctors deny that epilepsy is caused by spirits, for experience clearly shows their influence. Only occasionally is epilepsy caused by the predominance of one of the humours. In most cases, epilepsy is caused by the evil jinn, and the treatment of possession involves the spiritual state of the patient and the practitioner. The afflicted should consider the state of his soul and his relationship to God, the creator of these spirits, and he should profess his submission to God, who is his only refuge. The treatment is like a kind of spiritual warfare—a metaphor that Ibn Qayyim frequently uses. As for the healer, he should have a pure heart and tongue. There are some healers who need only say: 'Depart from him!', 'In the name of God!', or 'There is no power and strength but with God!'¹⁶³ The precedent for this procedure is attributed, of course, to the Prophet, for he used to say: 'Depart, enemy of God; I am His messenger!'

Ibn Qayyim is clearly describing exorcism in general terms. He, then, attests to its efficacy from his own experience. He had seen his shaykh send to an epileptic an exorcist who would speak to the spirit within the stricken individual and would say: 'The shaykh says to you: "Depart! This is not lawful to you."' And the epileptic would recover. Sometimes the shaykh himself would address the spirit. When the spirit was recalcitrant, he would expel it with blows, and the epileptic would

¹⁶² *At-Tibb*, 136.

¹⁶³ *Ibid.* 137.

recover and feel no pain. Often the exorcist recited into the ear of the victim the Qur'ānic verse (23: 155): 'Do you think that We created you in sport? And that you will not be summoned back to Us?' Ibn Qayyim's shaykh told him that he had once pronounced this verse into the ear of an epileptic, and the spirit responded, 'Yes!' So the exorcist took a stick and beat the patient on the veins of his neck until his hands grew tired, and the people who witnessed the event were afraid that the possessed man would die from the beating. During the beating, the spirit had declared: 'I love him.' And the exorcist had replied: 'He does not love you.' The jinn declared: 'I wish to be associated with him,' and the healer retorted: 'He does not want your company.' Then the spirit said: 'I will leave him out of respect for you,' and the exorcist replied: 'No, rather in obedience to God and His messenger.' Finally, the jinn said: 'I am departing from him'. Thereupon, the epileptic sat up, looked around and asked: 'What brought me to the shaykh?' The people asked him if the beating had hurt him, and he answered them, saying, 'For what reason should the shaykh beat me, seeing I have done no wrong?' But he had felt none of the blows administered by the shaykh. Ibn Qayyim's shaykh also used to treat patients by reciting the Throne Verse (2: 255), and he would order both the epileptic and the person treating him to recite this passage frequently and to recite the two chapters of 'seeking refuge', the *Mu'awwidhatān* (sūras 113 and 114).¹⁶⁴ Muslim exorcism, therefore, appears to have been quite acceptable to late medieval jurists. In his own tract on Prophetic medicine, aṣ-Ṣuyūṭī cites a well-known tradition that recognized and approved of Muslim exorcism, which he distinguished, of course, from magic. In this instance, aṣ-Ṣuyūṭī uses it to justify the payment of healers: Villagers brought a madman, tied and bound, to the camp of the Prophet's companions, and after the villagers had given them a present of sheep, the companions read over the man the opening verses of the Qur'ān and spat upon him until the man was cured. When the companions reached the Prophet, they asked him about the matter, and he said: 'Who said that this was a charm? Eat and give me a share.'¹⁶⁵

Ibn Qayyim concludes his discussion of epilepsy by stating again that jinn-induced epilepsy and its treatment are denied only by those with little learning or intelligence. The evil spirits gain most of their dominance over men because mankind has no defence, that is they lack true faith. In fact, most men are afflicted with epilepsy by these evil jinn, and they are the spirits' captives; the jinn drive men where they wish,

¹⁶⁴ Ibid. 138-9.

¹⁶⁵ Elgood, 'Tibb-ul-Nābbī', 131-2.

and men cannot prevent them or oppose them. This torment may become the 'greatest epilepsy' or madness, and there is no escape except by separation and surveillance. Again, the only treatment is spiritual.

Despite the strength of its enemies, this madness—lack of true belief—has become so widespread that, wherever a man looks, he sees only the mad, and they no longer seem strange or out of place. Because of the great number of mad people what was strange and outlandish has become quite the opposite. When God intends good for one of His servants, he recovers from this demented state and regards the people of this world. All around him are crazed people, to right and left, in their different degrees. Among them are those in whom madness has taken hold; some who recover for short periods and, then, return to their madness; and some who are mad at one time and awake at another. When they are awake, they do the work of people who are awake and intelligent; then, their epilepsy comes upon them again, and they fall into insanity.¹⁶⁶

Apparently, for Ibn Qayyim, actual epilepsy is only one sign of spiritual illness, or epilepsy means a moral madness.

Ibn Qayyim, then, turns to epilepsy that is caused by the humours. This kind of epilepsy is produced by a thick, sticky humour that partially obstructs the inner passages of the brain, so that the senses and bodily movements are damaged. Or it may be caused by a dense wind or noxious vapour that rises to the brain from one of the organs of the body. The brain contracts to repel the harmful substance. Subsequently, trembling occurs in all the limbs, and the individual cannot stand up; he falls to the ground, and usually he foams at the mouth. Ibn Qayyim states that it is considered by some to be an acute illness and by others to be chronic; the latter observe that this mental illness is difficult to cure, especially when the patient is more than 25 years old. In view of the chronic nature of the illness, Ibn Qayyim believes that the woman in the cited *ḥadīth* was possibly suffering from epilepsy of this type. Yet he draws the conclusion from it that it is permissible to put aside treatment and medication. The treatment of spirits with prayers achieves what cannot be attained by that of the physicians; the influence and effects of prayer on the body are greater than that of physical remedies. The intelligent physician acknowledges the powers of the soul in curing illness. Thus, Ibn Qayyim seems to say that whether the woman's epilepsy was caused by the humours, with the alternatives of pious endurance or intercession, or by the spirits, it is the power of the soul that heals.¹⁶⁷

¹⁶⁶ *At-Tibb*, 139.

¹⁶⁷ *Ibid.* 140-1.

Sorcery, the evil eye, incantations, and the workings of the evil jinn were all considered to be causes of misfortune for mankind, resulting especially in disease and illness. The basis for these beliefs was in the Qur'ān and the *ḥadīth*. Consequently, Ibn Qayyim deals with them in *The Medicine of the Prophet*. The theological interpretation of such malevolence appears to have been that God could not create evil, but he did create those who can do evil—mankind and the jinn—and he could be invoked successfully against them.

Concerning the bewitchment of Muḥammad by the Jewish women at Khaybar, Ibn Qayyim says that some people deny this event, but he maintains that it did happen because the *ḥadīth* are reliable. According to our author, it was an illness similar to being poisoned and does not affect his status as a prophet.¹⁶⁸ The event is related by both al-Bukhārī and Abū Muslim. 'A'isha is reported to have said: 'The messenger of God was bewitched, so that he was made to imagine that he had gone into his wives, yet he had not done so.' Ibn Qayyim considers this the strongest kind of magic. His concern is with the two treatments for this illness; the first is more reliable—the removal of the source of the bewitchment. Muḥammad reportedly asked God about this illness and was shown its cause. Muḥammad took it out of a well, and it was the spathe of the spadix of a male palm in a comb and combings of hair. When he took it out of the well, his trouble left him. This action is the equivalent, according to Ibn Qayyim, of removing the evil matter from the body by evacuation, which is the second method. Magic has an effect on the bodily constitution by stirring up its humours and confusing the temperament. When its effect appears in a certain organ of the body and it is possible to evacuate the evil substance from the organ, it is very beneficial to do so.

According to another *ḥadīth*, the Prophet was cupped on his head with a horn when he was bewitched. Ibn Qayyim defends this treatment and indignantly remarks that, if this treatment had been recommended by Hippocrates, Ibn Sinā, or their like, one would eagerly accept it. The magic had affected the Prophet's imaginative faculty in the brain, changing the natural temperament of the frontal cavity. Some people believed that Muḥammad had first had himself cupped because he thought the affliction was simply in his head, and only afterwards did God reveal to him that the cause was magic. He, then, did the right thing by expelling and counteracting the magic.

Ibn Qayyim states that the most dangerous kind of magic causes the natural powers of the body to react to the influences of the evil spirits.

¹⁶⁸ Ibid. 194–8.

Cupping of the site of the reaction is one of the most useful treatments according to standard methods. Moreover, he argues that the best treatment for magic are divine medicines because the source of affliction was the jinn. The remedies are recitation (*dhikr*), Qur'ānic verses, and prayers. Like the battle between two armies, religious devotion is the strongest defence against attacks of magic and the mightiest cure. Concerning magicians, their magic is effective only on the spiritually weak-hearted and those attached to worldly things; therefore, magicians are most effective against women, young men, ignorant people, and desert folk, or anyone who has little faith.

With regard to Prophetic guidance for the treatment of those afflicted by the evil eye, Ibn Qayyim begins as usual with the citation of *ḥadīth*. Typical of pious traditions on this subject is the report that the Prophet said: 'The Eye is true, and if anything could precede the divine decree, it would be the Eye.'¹⁶⁹ Also, the *Ṣaḥīḥ* of Abū Muslim says that the Prophet authorized incantations to be recited for fever, the eye, and itching (*namla*). Other traditions specify ritual ablutions for the evil eye. Ibn Qayyim states that the evil eye is of two kinds, of human beings and of jinn. Furthermore, all intelligent people acknowledge the evil eye although they may differ about its cause and influence. Some believe that a person possessing the evil eye emits a poisonous power and injures his victim, like the kind of viper that looks at men and kills them. Others contend that an ethereal, unwholesome substance is transmitted into the pores of the victim's body, and still others say that evil occurs by God's will when the eyes meet. The latter is the opinion of those who deny causation, which Ibn Qayyim condemns, for God has created powers in both mankind and the spirits that can influence others. Experience shows the effects of these powers. A person becomes ill from a glance and his faculties are weakened. This comes about through the workings of the spirits, which are connected with the evil eye, and the spirits may vary in their nature and powers. In this way, the spirit of the envier inflicts obvious injury on the one who is envied. For the evil, envious soul takes on an evil quality and attacks the one envied with it, like the poisonous snake that can attack its enemy with its venom. In some snakes this poison is so great that it can cause miscarriage or blindness. The transfer of this evil is not necessarily by contact and not even by sight, for the possessor of the evil eye may be blind but able to emit his spirit. Not everyone who envies has the evil eye, but those with it can even afflict themselves and others involuntarily. Anyone having this power,

¹⁶⁹ *Aṭ-Ṭibb*, 229-37.

according to Ibn Qayyim, should be confined for the duration of his life.

Protection from the evil eye is by turning to God. According to the Qur'ān: 'Say: I take refuge with the Lord of the Daybreak, from the evil of what He has created, from the evil of darkness when it gathers, from the evil of women who blow on knots, from the evil of the envier when he envies' (113: 1-5). This defence may take the form of incantations and the recitation of the two Qur'ānic verses of Seeking Refuge, the *Fātiḥa*, or opening verse of the Qur'ān, the Throne Verse, and a number of formulae, which Ibn Qayyim gives. Another method, which is used for various illnesses, is to write out verses from the Qur'ān, soak them in water and give the water to the sick to drink. Prevention and rejection of the evil eye depends, as usual, on the strength of one's faith.

In general, incantations may be used as a general treatment for every complaint, not just for the evil eye or poisonous bites, although it is most effective against these two afflictions.¹⁷⁰ Ibn Qayyim recalls that he was once in Mecca and became sick, and there was no physician or medicine available. So he treated himself with the *Fātiḥa*, by taking a draught of the water of Zamzam, reciting the verse over the water several times and then drinking it, and he was completely cured. Incantations work like the medicine of the doctors. Spittle, combining saliva, air, and breath of the incantator, is like compound medicaments and is stronger than just recitation in opposing evil. The greater the quality of the incantator's soul, the more complete is the spell. Spittle is particularly mysterious and can be used for both good and evil. For the sorcerers use it, just as do the people of faith, even though the spittle does not reach the body of the bewitched. One spits on a knot, ties it, and recites a spell; this acts upon the bewitched by the evil jinn. They can be repulsed by the good jinn that are evoked by reciting incantations, spitting, and a pure heart.

In treating scorpion bites, incantations or divine aid is combined with a natural remedy, which is typical of Ibn Qayyim's supplementing religious healing with 'natural medicines', for which he often cites medical authorities, but these natural remedies are only helpful after the disease has taken effect.¹⁷¹ Incantations are also effective for ulcers and wounds, in which the incantation is combined with the application with the index finger of earth to the affected part. Galen is quoted for his account of the Alexandrians' use of clay for complaints of the spleen and for dropsy. Ibn Qayyim knows people who use clay for a variety of ailments, including ulcers and chronic pains. For the latter, an *ḥadīth* is

¹⁷⁰ Ibid. 241-5.

¹⁷¹ Ibid. 246-9.

cited that the afflicted should place his hand on the painful place, and he should say three times: 'In the name of God', and seven times: 'I take refuge with the might and power of God from the evil of what I find and what I guard against.' As in ancient magic, the number seven has a special property that is not found in other numbers.¹⁷²

Finally, Ibn Qayyim gives instructions about treatment for 'ishq, or lovesickness. He seems to have been particularly interested in love as a theological issue; as we shall see, his treatise *Rawḍat al-muḥibbīn* was an important discussion of the subject.¹⁷³ In his work on Prophetic Medicine, Ibn Qayyim gives only a very brief exposition on 'ishq for practical guidance, but the discussion nicely demonstrates the overlap between two genres, the medical and the theological.¹⁷⁴ 'Ishq is considered an illness, and it is located in the heart. It is unlike other diseases and is quite difficult to cure.¹⁷⁵ As one would expect, Ibn Qayyim first turns to what the Qur'ān says about passionate love. According to Ibn Qayyim, the Qur'ān discusses love of women and young boys. The latter was simply proscribed on the basis of the familiar Old Testament story of Lot (sūra 15: 67–72). Concerning heterosexual love, the subject is naturally more complicated.

Ibn Qayyim considers the controversial matter of Muḥammad's attraction and eventual marriage to Zaynab bint Jaḥsh, who had been married to his adopted son Zayd ibn Hāritha; this event is recounted in the Qur'ān (33: 37). Ibn Qayyim directly refers to one of the earlier books on 'ishq and says that the author was completely mistaken about the Prophet's feelings toward Zaynab—it was not 'ishq. Muḥammad did love his wives, especially 'A'isha, but his greatest love was for God. Ibn Qayyim states that hearts that are filled with the love of God can avoid passionate love for anyone or anything, which has evil consequences. In general, he asserts that it is part of God's plan of creation that like seeks like. Women are made of the same nature as men (7: 189), so that men and women naturally seek one another, and this attraction is more important than beauty or character. Moreover, love (*maḥabba*) is of many kinds; after the love of God, one may love his religion, legal rite, religious sect, craft, or an individual because one wants something, such as honour, wealth, or guidance. This is conditional love because it ceases when the object is achieved. Genuine love is intrinsic love and only ceases when some contingency causes it to cease. 'Ishq is a kind of

¹⁷² *At-Tibb*, 149–52.

¹⁷³ See the detailed analysis of the work by Joseph N. Bell, *Love Theory in Later Hanbalite Islam* (Albany, NY, 1979), 92–181.

¹⁷⁴ *At-Tibb*, 320–30.

¹⁷⁵ *Ibid.*

intrinsic love, for it is 'a spiritual mingling and a psychic union'; it is 'an excess in love' for the desired individual.¹⁷⁶ Genuine love, however, does not cause delusions, emaciation, and harm like *'ishq* does. Why, then, is *'ishq* so one-sided if there is mutual attraction? Ibn Qayyim contends that some condition has not been fulfilled; love is absent from the other person for any number of possible reasons. When these impediments are not present and love is spontaneous, it is shared equally.

As an illness, *'ishq* is susceptible to various treatments. Consistent with his own book on *'ishq* and with Ibn Sīnā's medical view, Ibn Qayyim says that the two lovers should be joined together if it is legally possible. He advocates the strong desirability of marriage on religious grounds. In his *Rawḍat al-muḥibbīn*, he argues for an Islamic theory of love: 'human love finds its ultimate fulfilment and its most sublime expression only in marriage'.¹⁷⁷ If it is not within the lover's capacity or within the law to marry the beloved, let the soul despair. If despair does not remove the infatuation, the afflicted should be persuaded that such a hopeless attachment is a kind of madness. It is like someone who is in love with the sun and wants to accompany it through the heavens. Most intelligent people, according to Ibn Qayyim, would consider such a person to be mad. One should be aware of the dangers of this worldly appetite to one's spiritual life and should recall the unpleasant characteristics of the beloved. 'Let him question his neighbours about the beloved's hidden qualities; for just as good qualities are the motive for love and goodwill, so evil qualities are the motive for hatred and aversion.'¹⁷⁸ The lover should not be deceived by physical beauty—'by the outward signs of beauty on a body that is inwardly leprous'.¹⁷⁹ If no medicines work, the sufferer should take refuge in God. The lovesick should not be misled by the *ḥadīth* that says that a chaste and discreet lover dies a martyr. Ibn Qayyim concludes with the rhetorical question: 'How could *'ishq*, which is "assigning a partner" (*shirk*) in love, being empty of God, and giving possession of one's soul to another—how could this be a means of attaining the rank of martyrdom? It is

¹⁷⁶ See Bell, *Love Theory*, 162–7. Ibn Hazm makes similar distinctions about the varieties of love in his treatise on love (*The Ring of the Dove*, trans. A. J. Arberry (London, 1953), 23–7). About passionate love, Ibn Hazm says: 'In none of the other sorts of love does anything like this happen: that mental preoccupation, that derangement of the reason, that melancholia, that transformation of settled temperament, and alteration of natural dispositions, that moodiness, that sighing, and all the other symptoms of profound agitation which accompany passionate love' (ibid. 25 f.).

¹⁷⁷ Lois A. Giffen, *Theory of Profane Love Among the Arabs: The Development of the Genre* (New York, 1971), 136; cf. Ibn al-Jawzī's opinion on marriage in Bell, *Love Theory*, 32–4.

¹⁷⁸ *At-Ṭibb*, 327.

¹⁷⁹ Ibid.

impossible.¹⁸⁰ Muḥammad provided for martyrdom only where there is no cure and sudden death, such as with plague, drowning, or for a woman who dies in childbirth.

¹⁸⁰ *At-Tibb*, 328. See Jean-Claude Vadet, *L'Esprit courtois en Orient dans les cinq premiers siècles de l'Hégire* (Paris, 1968), 459–63; Bell, *Love Theory*, 133–4.

THE THEORY OF MAGIC IN HEALING

Magical beliefs and practices played a large role in Muslim societies, but they have been largely ignored because of their intrinsic obscurity and a learned antipathy toward the subject, both medieval and modern, Muslim and non-Muslim.¹ Magic is obviously heavy-laden with pre-judgement. It is almost always assumed to be bad—essentially evil, popular, and irrational—although magic was a pervasive aspect of medieval society and was closely allied with religion, which was also popular and irrational. Nor was its primary intention evil; magic was usually a more forceful method of supplication or a supercharged prayer. For magic was a means of forcing supernatural powers to fulfil a supplicant's desire, especially for healing.² The use of such therapeutic magic by Muslims was sanctioned by *ḥadīth*: there was no harm in magical incantations that were employed for healing as long as they were not polytheistic.³

At the heart of the matter, magic was a sensitive issue because it shared or encroached—depending on one's point of view—upon the preserve of established religion. Magicians often drew upon non-Muslim sources for invoking God's intervention; they even claimed saint-like powers; and they were often women—all of which created suspicion. Magic also highlighted the notion of supramundane beings that infringed on the austere monotheism of orthodox Muslim belief. Furthermore, while Muslim theologians tended to ignore the question of evil, magicians assumed its palpable existence, offered a plausible explanation for it, and

¹ e.g. Samuel M. Zwemer in his *The Influence of Animism on Islam* (London, 1920) gives a description of magic, sorcery, and amulets (pp. 163–207), but the account is inspired by the author's anti-Muslim point of view, which considers Islam as lightly-veiled pagan animism. On the other hand, an exception to this scholarly neglect is Morony's fine survey of therapeutic magic in pre-Islamic and early Islamic Iraq: *Iraq After the Muslim Conquest*, 384–430, with an emphasis on the pagan legacy. Moreover, the best introduction to Islamic magic and guide to the literature is Manfred Ullmann's *Die Natur- und Geheimwissenschaften im Islam* (Handbuch der Orientalistik, 1: 6: 2; Leiden, 1972), ch. 6.

² It is interesting to note that most modern psychological interpretations of magic, perhaps beginning with Freud, assume that magic is an expression of suppressed aggression, hostility, and capriciousness, rather than the conscious expression of benign desires; e.g. Oztürk, 'Folk Treatment', 356–61.

³ A. Guillaume, *The Traditions of Islam* (Oxford, 1980 reprint), 119.

used their expertise to combat it. But good magic was uncomfortably close to malignant magic or sorcery, and the fear of such occult power was probably the major reason for the magician's bad reputation. Still, proper Muslim magic was a recognized form of healing. Medicine itself was often understood as counter-sorcery, and the Arabic word for medicine, *ṭibb*, often signified magic in the medieval period.⁴ And the 'medicine-man', with its connotations of magical powers, was a common figure in North Africa.⁵

There is a vast and daunting array of antique magical texts, mainly papyri from Egypt, as well as magical amulets and talismans—the 'technology' of spent magic. This type of material continued to be produced uninterruptedly into the Islamic era; gradually, as one would expect, an Islamic, or at least an Arabic, element was added to the material and became predominant by the later Middle Ages.⁶ Beside these *dissecta membra*, manuals for the use of magic were continually produced in Islamic society, the most famous of which is al-Būnī's (d. c.622/1225) *Shams al-ma'ārif al-kubrā*.

Despite this abundant evidence for Islamic magic, there appears to have been a 'cover-up' about the actual practice of magic. Aside from the study of the odd amulet or talisman, the subject has received very little serious attention from modern Islamic scholars. It has usually been discussed, if at all, as a symptom of the so-called decline of classical Islamic civilization in the later Middle Ages.⁷ This judgement by Islamic historians is strikingly similar to that made by ancient historians of late antiquity. Both periods were scarred, we are told, by the decline in the Greek scientific tradition, the debasement of formal religion, and the corruption of morals. The general reasons for the nadir—a good Arabic term—for Roman culture in the fourth century AD and a corresponding rise in magical practices are said to have been the misery and insecurity of the period, the decay of traditional religions, and the rise to power of a class of 'semi-Christians' who carried their superstitious fear of demons with them. Very much the same arguments have been used about Middle

⁴ Tha'ālibi mentions a Jew who practised both medicine and magic (quoted in Morony, *Iraq*, 420).

⁵ Doutré, *Magie et religion*, 36–40. The scope of this work is far wider than the title implies; it is a fundamental study of Islamic magic and its literature.

⁶ See the convenient survey of magical formulae in Kriss and Kriss-Heinrich, *Volks Glaube im Bereich des Islam*, ii, chs. 1 and 2. For three modern examples of such talismans and an extensive bibliography, see Georges C. Anawati, 'Trois talismans musulmans en arabe provenant du Mali (Marché de Mopti)', *Annales islamologiques*, 11 (1972), 287–339.

⁷ I do not wish to enter into the controversy about the supposed cultural decline in Islamic society; one should see, however, the refutation of this standard view by M. G. S. Hodgson in his magisterial *The Venture of Islam* (3 vols.; Chicago, 1974).

Eastern society from the eleventh century and the power of 'semi-Muslims'. In fact, magic has been ubiquitous in Middle Eastern society since antiquity. In the fourth century we simply know more about sorcery from the historical record because the opposition to the pagan aristocracy at the imperial court wielded a weapon that had been forged and lay to hand in the *demi-monde*, where the Christian Church 'pullulated saints and sorcerers'.⁸

In recent years, social anthropology has helped historians to deal more fairly with magic as a natural part of social life and not to see it as an exotic or embarrassing excrescence.⁹ Beginning at least with Evans-Pritchard, it has been accepted that magic has a discernible function within society; witchcraft is one way in which men and women may conceptualize their relationships with one another and cope with everyday misfortune.¹⁰ Benefiting from this anthropological point of view, Peter Brown has successfully placed late antique sorcery in its historical context, in which it served as an explanation for misfortune; more precisely, it was the cause of ill-fortune.¹¹ On the positive side, magic was also a means of removing or preventing ill fate. For both the pagan and the Christian, misfortune was unambiguously the work of suprahuman agents—the daemons, whether the ambivalent spirits of pagan belief or the exclusively hostile spirits of Zoroastrianism, Christianity, and the Gnostic sects. In this regard, Islam restored some ambivalence to the spirit world—the jinn were not entirely evil and inhumane.¹² Brown generously remarks that sorcery in the Islamic era 'has been engulfed in the study of religion and of occult sciences', and he refers to the study of Armand Abel on the role of the occult sciences in Islamic decline, where magic is roundly condemned.¹³ Abel's brief account does obscure the issue by its conventional unsympathetic view of the occult.

Abel begins with the a priori assertion that the occult is a sign of decadence when it wells up from the intellectually inferior masses,

⁸ Peter Brown, 'Sorcery, Demons and the Rise of Christianity: From Late Antiquity into the Middle Ages', in his *Religion and Society in the Age of St. Augustine* (London, 1972), 123–9.

⁹ The muted effect of this point of view on Islamists may be seen in Guillaume, *Prophecy*, 233–89.

¹⁰ E. E. Evans-Pritchard, *Witchcraft, Oracles, and Magic among the Azande*, abridged and intro. by Eva Gillies (Oxford, 1985 reprint).

¹¹ It is interesting to note in relationship to Brown's discussion of the emergence of Christian witches in the 6th cent. ('Sorcery', 140–1) that accusations of sorcery were a recurrent theme in the Christian hagiographical texts from Sassanian Persia; the cruel treatment of witches may have been due to the punishment decreed for them by Zoroastrian law. (Brock and Harvey, *Holy Women of the Syrian Orient*, 65; see pp. 74–6 for the story of three Christian women who were arrested on suspicion of casting a spell on the queen in the 4th cent.)

¹² Cf. Brown, 'Sorcery', 136.

¹³ *Ibid.* 121.

bringing a decline of traditional ethics and intellectual standards.¹⁴ In short, this phenomenon occurred from the eleventh century in the Middle East, where 'le déclin se manifeste dans le domaine du savoir créateur, de l'organisation de la vie sociale, de la vie économique, et, surtout, peut-être, dans l'efficacité de la pensée religieuse'.¹⁵

As Abel remarks, the Qur'ān recognizes the belief in sorcery, but it is not true to say that the Qur'ān forbids magic, nor does it prescribe any punishment for its practitioners. The Qur'ānic passage (113: 1-5, see above) implies that the witches have a power that gives way only to the power of God. It was only a short step from this Qur'ānic revelation to its use as an invocation to God in talismans and amulets. Aside from the availability of Christian magic, Islamic magical beliefs and practices surely increased with the Arab conquests and the subsequent widespread conversions to Islam. Although magic, like sufism, was essentially esoteric, everyday handbooks on magic were composed in Arabic, as were amulets and talismans of all descriptions. In the process, Arabic as a sacred language was ideally suited to magical practices, whether written or oral.

The following *ḥadīth* deals directly with the Prophet's attitude toward magic and its practitioners. Reportedly, a man from the Yemen named Ḍimād, who was a magician (*rāqī*), came to Mecca, and he heard the people calling the Prophet a *majnūn*. He went to Muḥammad and offered to treat him, but the Prophet responded that he trusted entirely in God and that he was God's messenger. As a result, Ḍimād was converted by the Prophet, and he professed that the Prophet's speech was finer than any soothsayer, magician, or poet.¹⁶ The intent of the pious legend appears to be that Islam is superior to magic. Historically, it suggests what may have been the Muslim apprehension of the relationship between magic and Islam in the early Middle Ages: magic was not bad, but Islam was far better. The *ḥadīth* also conveys concisely the orthodox answer to Muḥammad's reputed possession by spirits and assumes that magicians commonly exorcized the possessed.

The rich literature on magic that was created by Muslims in the early Middle Ages strongly suggests its actual practice. The *Fihrist*, which was written by Ibn an-Nadīm between AD 987 and 1010, is an extensive bibliographical listing of contemporary literature, and it reveals both the abundance of magical texts that were available at the end of the tenth

¹⁴ Armand Abel, 'La Place des sciences occultes dans la décadence', in *Classicisme et déclin culturel dans l'histoire de l'Islam*, Actes du Symposium international d'histoire de la civilisation musulmane, Bordeaux, 1956 (Paris, 1957), 291-318.

¹⁵ Ibid. 292.

¹⁶ 'Uqalā', Cairo edn., 11-12; Najaf edn., 8-9.

century and the context in which they were used. Following a section dealing with works on philosophy and the sciences, Ibn an-Nadīm says the following about books on exorcists, jugglers, magicians, and those who use incantations [*an-nīranjīyāt*], tricks, and talismans:

The exorcists and magicians [*al-mu'azzimūn was-saḥara*] assert that the devils, jinn, and spirits [*ash-shayāṭīn wal-jinn wal-arwāḥ*] obey and serve them, being directed by their command and their prohibition. The exorcists, who pretend to observe the sacred laws, claim that this [power] is because of obedience to Allāh, may His name be magnified.

Thus invocation is addressed to Him, and oaths by the spirits and devils are by His help, with the abandoning of lusts and by consequence of religious practices. Moreover, [they claim] that the jinn and the devils obey them, either because of obedience to Allāh, may His name be magnified, or on account of [their making] oaths by Him, or else for fear of Him, blessed and exalted is He. For He has subjugated and humiliated them [the devils and jinn] by the potency of His holy names and because of mention of Him, uplifted and glorified is He.

The [other] magicians [*as-saḥara*] assert that they enslave the devils by offerings and prohibitive acts. They [claim] that the devils are pleased by the committing of acts which are forbidden and which Allāh, may His name be magnified, has prohibited. Thus the perpetrating of things such as abandoning prayer and fasting, permitting blood, marrying forbidden women, and other kinds of evil actions is also pleasing. This is common practice in Egypt and the nearby regions; the books which are written there are many and extant. The Babylon of the magicians is in the land of Egypt. A person who has seen this [state of affairs] has told me that there still remain men and women magicians and that all of the exorcists and magicians assert that they have seals, charms of paper, sandal, *jazāb*, smoke, and other things used for their arts.¹⁷

Ibn an-Nadīm was apparently not uncritical about the panoply of magical books and the claims of their authors, but his remarks indicate the existence of practising magicians and his guarded respect for the benevolent ones. A pious bookish Muslim, Ibn an-Nadīm concedes the permissibility of the first group of magicians and is condemnatory of the second—'white magic' versus 'black magic'. The first group, including exorcists, claimed its legitimacy because they were the instruments of God's power; they were good Muslims, observing the sacred law, and they performed their magic by invoking God or taking oaths in His name. Particularly powerful was the use of the sacred names of God, which were almost always used in Muslim amulets and talismans.¹⁸ As described by Ibn an-Nadīm, the Muslim magicians,

¹⁷ *The Fihrist of al-Nadīm*, ed. and trans. Bayard Dodge (2 vols.; New York, 1970), ii. 725–6 = *Kitāb al-Fihrist*, ed. Gustav Flügel (Leipzig, 1871), i. 308–9.

¹⁸ For the divine names of God, see Goldziher, 'Zauberelemente im islamischen Gebet', 315–

either licit or illicit, claimed that they were effective because of the obedience of the spirits to themselves. The illicit magicians or sorcerers, *as-saḥara*, believed that they controlled the demons by offerings and deeds that were displeasing to God, which were essentially those actions that violated the sacred law. This black magic was believed to be centred in Egypt.

Aside from the magicians who used their personal supernatural powers licitly or illicitly, Ibn an-Nadīm goes on to describe another group of magicians who are distinguished by their use of astrology and other occult sciences and their making and employing talismans. This distinction is more clearly drawn by Ibn Khaldūn in his later description of magic, which will be discussed below. Unlike Ibn Khaldūn, however, Ibn an-Nadīm includes the art of illusion in this general category. Moreover, Ibn an-Nadīm recognizes the fact that magic was practised by the Indians, whose books had been translated into Arabic, as well as by the Chinese and the Turks. Ibn an-Nadīm attributes the ancient magical tradition, which was largely Hellenistic, to Solomon¹⁹ on the authority of the Qurʾān, although he recognized the differing legendary founders of magic among the Persians and the Jews.²⁰ Solomon was said to be the first to subjugate the jinn to his will. Licit magic, the 'praiseworthy method' (*aṭ-ṭarīkā al-maḥmūda*) in Islam is usually traced back to Solomon, and illicit magic (*aṭ-ṭarīkā al-madhmunā*) to Iblīs through his daughter or his son's daughter, Baydakh.²¹

After naming the seventy demons that attended Solomon, Ibn an-Nadīm mentions a number of writers on magic and their books in roughly chronological order, which suggests a well-known tradition of legitimate magic, especially exorcism, in early Islamic society. First of all is Arius al-Rūmī, a Byzantine who was skilful with charms and wrote books on magic; one of his books enumerated the children of the Devil,

20; the bibliography in Anawati, 'Trois talismans musulmans', 321–2; Toufy Fahd, 'Le Monde du sorcier en Islam', *Sources orientales*, 7 (1966), 180–3; and *El*2, s.v. 'al-asmā' al-ḥusnā' (L. Gardet).

¹⁹ *SEI*, s.v. 'Sulaimān b. Dāwūd' (J. Walker).

²⁰ The *locus classicus* on magic is Qurʾān 2: 102: 'And they [unbelievers in general and Jews in particular] followed what the *shaitāns* used to recite in the reign of Sulaimān [or against the reign of Sulaimān]—and Sulaimān was never an unbeliever but the *shaitāns* were unbelievers—teaching mankind magic [*sihr*]; and [they followed] what was revealed to [or by means of] the two angels in Bābil, Hārūt and Mārūt; and they do not teach any one until they say to him: We are only a temptation [*fitna*]; so do not disbelieve. So they [the learners] learn from the two that by which they may divide a man from his wife, but they do not harm by it any one except by the permission of Allāh. They learn that which harms them and does not aid them, having knowledge, indeed, that he who purchases it has no portion in the world to come' (MacDonald's trans. in *SEI* and *El*1, s.v. 'Sihr').

²¹ *SEI*, s.v. 'Sihr'.

their dispersion in the world, and the way in which they specialized in diseases—spirits, deaths, actions, and the relationships of the jinn. An early shadowy figure was Lawhaq ibn 'Arfaj, who wrote on the jinn and epilepsy. More recently, Ibn Hilāl is said to have started the interest in magic in Islam and to have written books on the jinn. 'He was served and also spoken to [by the jinn], and was known for wonderful deeds and actions of goodness, as well as for seals of tested value.' Among the exorcists who worked with the names of God was Ibn al-Imām, who lived during the reign of the caliph al-Mu'taḍid, who reigned in Baghdad from AD 892 to 902. Ibn al-Imām's 'system was praiseworthy rather than subject to criticism'. Ibn an-Nadīm, then, names four men whose 'system' was commendable and who did good deeds; presumably, they were exorcists and good Muslims, but they did not write any books on the subject. Furthermore, Ibn an-Nadīm had met Ibn Abī Raṣṣāsa, who was a leader in the art of exorcism. Ibn an-Nadīm relates an encounter with him in the following way: 'One day I questioned him, saying, "Oh, Abū 'Amr, I would place you above this showing!" He replied, "May Allāh be glorified, I am over eighty years old. If I did not know that this affair was true, I would have left it, but I do not doubt its validity." So I said, "But, by Allāh, you have not been successful." He had many books and achievements. Those engaged in this art regarding him as superior and preminent.'²² Finally, Ibn an-Nadīm turns to illicit magic that was derived, in one way or another, from the Devil. Ibn an-Nadīm mentions a number of men from antiquity, such as Apollonius of Tyana, and his own time who practised this kind of magic and wrote books about it.²³

Magic appears to have been even more common in Islamic societies in the later Middle Ages because of the large number of Islamic magical devices that have survived and the fact that most of the major works in Arabic on magic were written at that time. It may be an illusion. The vast majority of peoples in the Islamic world had become Muslim by the late medieval period, and they needed their own magic—as they needed mosques. There is, however, no way of gauging the extent of magical practices since the advent of Islam. Magic does seem to have come out of the closet in the later Middle Ages; like sufism, and often allied with it, magic appears to have gained a modicum of respectability. Fakhr ad-Dīn ar-Rāzī (d. 606/1209), who wrote an important commentary on the Qur'ān, and Ibn Khaldūn openly acknowledged magic as a psychological activity that had physical effects.²⁴ Typical of an educated Muslim,

²² *The Fihrist*, Dodge trans., ii. 729–30.

²³ *Ibid.* ii. 726–33; for books on amulets, see p. 743.

²⁴ *SEI*, s.v. 'Sihr'. Duncan B. Macdonald's *The Religious Attitude and Life in Islam* (London,

however, Ibn Khaldūn accepted its reality but rejected its use. Still, he presents a useful framework for understanding magic in medieval Muslim culture.

According to Ibn Khaldūn, human souls are part of one species, but they differ in personal qualities or powers, which allows some individuals to be prophets and others to be magicians and soothsayers. There were three degrees of men with magical powers; in descending order, they are those who exercised their power only by their minds or spirits over others and the natural world; those who used astrology and various techniques to make talismans; and thirdly, those who played on other people's imagination by creating phantoms and illusions. Ibn Khaldūn says that the 'philosophers' call the first magic, the second theurgy, and the third prestidigitation.²⁵ There were different kinds of magic, which the potential magician developed by training. Moreover, the first two degrees of magic were real and the third was not real.²⁶ The magical sciences were, however, forbidden by Islamic law, according to Ibn Khaldūn, because they cause harm and because they do not rely on God but on stars and other things.²⁷ Consequently, he views all magic as sorcery. Furthermore, Ibn Khaldūn says that letter magic is a kind of magic that is legal, but he disapproves of it. The use of Arabic letters and numerals, the names of God, and Qur'ānic phrases were common and essential parts of Islamic magic, especially in healing and exorcisms. He also disapproves of sufis who seek magical powers through *dhikr* exercises and prayer.²⁸ It is some measure of Ibn Khaldūn's antipathy toward the subject that he says that books dealing with magic were almost non-existent in his day. Yet, he alleges that these sciences were cultivated by the ancients and by the Syrians (Eastern Christians), Copts, and others, and their books on the subject were still extant but very few were translated into Arabic. We know that Christians were noted for their practice of magic in the Islamic era, and Syriac, particularly, is common in many Arabic incantations. Ibn Khaldūn attributes the creation of magic in the Islamic period to the legendary figure Jābir ibn Ḥayyām, who is also reputed to have established alchemy, which Ibn Khaldūn considered to be a psychic phenomenon like magic and not a practical technique. Later, the Spanish scholar Maslamah ibn Aḥmad al-

1985 reprint) is largely a commentary on selected portions from Ibn Khaldūn that deal with religion.

²⁵ Cf. Lane's division of magic in his *Arabian Society*, 80–96, where he distinguishes two types of magic, spiritual and natural. The former is divided, in turn, into divine or good magic and satanic magic, which includes divination. Natural magic was basically illusion caused by drugs, especially opium. Between the two types of magic were various forms of astrological magic. See also his *Manners and Customs*, 1860 edn., 263–75.

Majritī abridged all the books on magic, and Ibn Khaldūn believed that he was the last to have written on the subject.

Nevertheless, Ibn Khaldūn asserts that no intelligent person doubts the existence of sorcery and its influence, and he quotes the Qur'ān (2:102). Even the Prophet was bewitched, according to *ḥadīth*: the spell against him was placed in a comb, in tufts of wool, and in the spathe of a palm, and it was buried in the well of Dharwān in Medina. Therefore, God revealed to Muḥammad the verse in the *Mu'awwidhatān*: 'And (I take refuge in God) from the evil of the women who blow into knots' (113: 4). 'A'isha said: 'As soon as he recited the Qur'ān over one of those knots into which a spell against him had been placed, that particular knot became untied.'²⁹

Ibn Khaldūn declares that he had himself seen how a sorcerer

formed the picture of a person who was to be cast under a spell. He represented in it the characteristics of things he intended and planned (to make) that person adopt, as already existing in him in the shape of symbols of names and attributes in homonym fashion [?]. Then he spoke (magic words) over the picture he had made to take the place of the person who was to be cast under a spell, concretely or symbolically. During the repeated pronunciation of the evil words, he collected spittle in his mouth and spat upon (the picture). Then he tied a knot over the symbol in an object that he had prepared for the purpose, since he considered tying knots and (making things) stick together to be auspicious (and effective in magical operations). He also entered into a pact with the jinn, asking them to participate in his spitting during the operation, intending to make the spell forceful. This (human) figure and the evil names have a harmful spirit. It issues from (the sorcerer) with his breath and attaches to the spittle he spits out. It produces (more) evil spirits. As a result, the things that the sorcerer intends (to happen to) the person who is cast under a spell, actually befall him.³⁰

Ibn Khaldūn mentions the feats of sorcerers in other lands, and he describes various types of talismans, whose purposes are not malevolent.

Returning to the theory of sorcery and talismans, Ibn Khaldūn draws a parallel with the *karamāt* of the saints.³¹ The latter are inspired and supported by God while the sorcerers do their work by their own psychic powers and sometimes with the support of devils. The first are done by good men for good purposes while the second are done by evil people and usually for evil ends. Naturally, the miracles of the saints are

²⁶ *The Muqaddimah*, Rosenthal trans., iii. 156, 164.

²⁸ Ibid. 171–82.

²⁹ Ibid. 160.

²⁷ Ibid. 156, 159, 169–70.

³⁰ Ibid. 160–1.

³¹ Doutté (*Magie et religion*, 52–4) draws more than a parallel between the two; he asserts that a marabout was originally a magician who had exactly the same powers as the latter-day saint.

more powerful than the sorcerers' deeds.³² Inadvertently, Ibn Khaldūn's comparison of the saint and the magician brings out forcefully their close kinship: the saint was more of a magician and the magician was more of a saint than is commonly acknowledged. The power of the saint, *baraka*, which seems to defy definition by anthropologists especially, is essentially benign or sanctified magic; this view of *baraka*, rather than equating it with Christian terms like 'blessedness' or 'grace', helps to explain many of its peculiar characteristics, such as its preservation and transmission through physical contact (via spittle, sweat, and semen).³³ Conversely, Ibn Khaldūn represents well the reluctance to see the magician as a saintly figure who intervenes successfully with God for the benefit of the sick and distressed. In sum, Ibn Khaldūn pulls many threads together; as a medieval intellectual, however, he was critical without being sceptical. He affirmed the existence of magic and gave a remarkable theoretical discussion of it, but he emphasized the malignant forms of magic. By excluding the benign forms, he was able to condemn all magic as sorcery although he appears not to have been deeply knowledgeable about its literature. 'All [the magician's] actions are evil and done for evil purposes.'³⁴ Sorcery was unbelief and practitioners should be killed.

Ibn Khaldūn's harsh judgement of magic, particularly the punishment that he believed should be meted out to sorcerers, calls for some comment. The issue is rarely discussed in the Islamic law-books, or only in passing; yet, the brief legal discussions of sorcery do help to clarify its meaning. Sorcery was understood to be the enchantments, evil spells, and various types of conjuring that either produced injury to the body, mind, or spirit of their victim, so that the person became ill and died, or caused dissension between husband and wife. Similar to the opinion of Ibn Khaldūn, three of the founders of the Islamic law schools believed that sorcery was real; the exception was Abū Ḥanīfa, who, like the Muta'zilites, denied its existence. None the less, sorcery was unanimously prohibited. According to some legalists, this included consulting a diviner, teaching oneself its methods, or teaching it to others. Three of the legal authorities considered learning or teaching sorcery to be apostasy. There was some reservation, however, about those who exercised their talents on epileptics, claiming that they could conjure up the demons and that the demons obeyed them. Ibn Qudāma, a Ḥanbalite, said: 'Our doctors consider them to be practitioners of sorcery, but one reports that Aḥmad ibn Ḥanbal suspended his

³² Doutté, *Magie et religion*, 167–9.

³³ See Turner, *Weber and Islam*, 68.

³⁴ *The Muqaddimah*, Rosenthal trans., i. 191.

judgement on this subject.' Sa'īd ibn al-Mushaib was questioned about the matter, and he declared: 'God has only prohibited what is harmful, not what is useful. If it is possible for you to be useful to your brother, do it.' Consequently, one who does such a helpful thing as exorcising the possessed should not be severely punished.

There was no question about the punishment of the harmful magician: three of the legal authorities said that the sorcerer should be put to death if he has killed by means of his sorcery; the fourth, Abū Ḥanīfa, placed conditions on such a judgement. These legalists were divided about the repentance of the sorcerer. On the question of whether the punishment of a sorcerer was Qur'ānic (*ḥadd*) or a matter of *lex talionis*, only ash-Shāfi'ī believed it to be the latter; the other three considered it to be Qur'ānic because it was a right of God that had been injured. The difference of opinion was potentially significant because there was no pardon to a decision in favour of *ḥadd*. In the case of a Muslim sorceress, Abū Ḥanīfa is the only one of the four jurists who says that she should be imprisoned in lieu of execution. As far as Christian and Jewish sorcerers were concerned, three of the legalists believed that they should not be executed while Ab Ḥanīfa did; they were liable, according to other jurists, to corporal punishment or to death if they had harmed a Muslim.³⁵

Behind this legal thinking, there has been very little historical investigation of sorcery in medieval Islamic societies. It appears misleading to assert that the death penalty for magic in Islam should be attributed to Jewish influence³⁶ because of the Jewish tolerance of magic from the Hellenistic period; the more obvious precedent is the Magians' exceptional intolerance of sorcerers.³⁷ The early Muslims pursued the policy of executing sorcerers, beginning with 'Umar's instructions to Jaz' ibn Mu'āwiya in Dast-i Maysan in AD 643 to kill every magician and sorceress; subsequently, three were executed.³⁸ Slightly later, in 30/650–1, occurred an incident that reveals more fully Muslim ambivalence toward magic. According to the historian at-Ṭabarī, the governor of Kufa, al-Walīd ibn 'Uqba, was confronted by the question of what to do about a magician (*sāḥir*) whom he had apprehended.³⁹ So the governor

³⁵ G.-H. Bousquet, 'Fiqh et sorcellerie', *Annales de l'Institut d'études orientales*, 8 (1949–50), 230–4; see also, Doutté, *Magie et religion*, 337.

³⁶ G. R. Hawting, 'The Significance of the Slogan *Lā ḥukmā illā lillāh* and the References to the *Hudūd* in the Traditions about the Fitna and the Murder of 'Uthmān', *BSOAS*, 41 (1978), 453–63.

³⁷ Morony, *Iraq*, 291–2, 396–7; Brock and Harvey, *Holy Women*, 65, 74–5.

³⁸ Morony, *Iraq*, 397.

³⁹ At-Ṭabarī, *Ta'rikh ar-Rusul wa 'l-Mulūk* (*Annales*), 3rd ser., ed. M. de Goeje et al., i: 14–32 (Leiden, 1897–1901), 2845–7.

asked Ibn Mas'ūd whether the *ḥadd* punishment was appropriate. After Ibn Mas'ūd had ascertained from the man that he was a genuine magician—who performed for him—Ibn Mas'ūd declared that the man should be killed. But al-Walīd freed the magician, and he appears to have stayed with the governor. This incensed a group of Muslims in the mosque, and being led by Jundab ibn Ka'b, they sought out the magician and Jundab killed him. Jundab was put in prison, and the matter was referred to Caliph 'Uthmān, who declared that they were mistaken about Islamic teaching.⁴⁰ Furthermore, a governor of Oman is reported to have written to 'Umar II: 'A witch was brought to us; we threw her into the water, and she floated.' The caliph wrote back: 'We have no concern with water. If there is proof, punish her; if not, let her go.'⁴¹

Finally, in the seventeenth century the Ottoman bureaucrat and historian Ḥājī Khalīfa⁴² gave in his Arabic bibliographical dictionary an even more refined classification of magic as a science than Ibn an-Nadīm had done. Ḥājī Khalīfa is also more objective and informative than Ibn Khaldūn. As regards exorcism, '*azā'im*', he distinguishes it from sorcery or sympathetic magic, *ruqyā*.⁴³ Ḥājī Khalīfa says that exorcism, '*azā'im*', is taken from *al-'azm*, i.e. resoluteness of opinion; thus, it is a command with a clear intention that is obligatory on others, so that one says '*azamtu 'alayka*, 'I adjure you' or 'I enjoin you.' Thus, one speaks very harshly to the jinn and demons, compelling them to do what seems good to the man who is well versed in this art. Whenever the exorcist pronounced the phrase '*azamtu 'alayka*, 'I adjure you', he imposed on them obedience and submission, subjection and humiliation to himself. Ḥājī Khalīfa continues his description in the following manner:

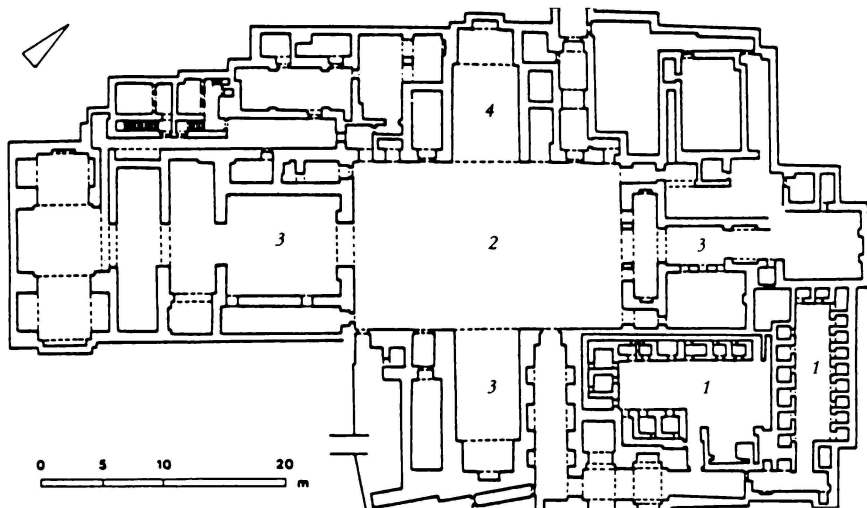
This [activity] is possible and permitted by reason and [Islamic] law. Whoever denies these two should not be listened to because what he says leads to the denial of God's omnipotence. Also the subjection and humiliation [of the jinn and demons] to Him and their obedience to mankind is one of the wonders of God's creation. 'Āṣf ibn Barkhīya was asked: Do the jinn and demons obey man

⁴⁰ A quite different version of the story is given by Ya'qūbī, *Ta'rikh*, ii (Beirut, 1960), 190; see Morony's interpretation of this version: *Iraq*, 297.

⁴¹ Tritton, 'Spirits and Demons in Arabia', 727. A glimpse into the interworkings of medieval sorcery is provided by C. van Arendonk in his 'An Initiation Rite of the Sorcerer in Southern Arabia', in *A Volume of Oriental Studies Presented to Edward G. Browne*, ed. T. W. Arnold and Reynold A. Nicholson (Cambridge, 1922), 1–5.

⁴² *El2*, s.v. 'Kātib Çelebi' (Orhan Shaik Gökyay).

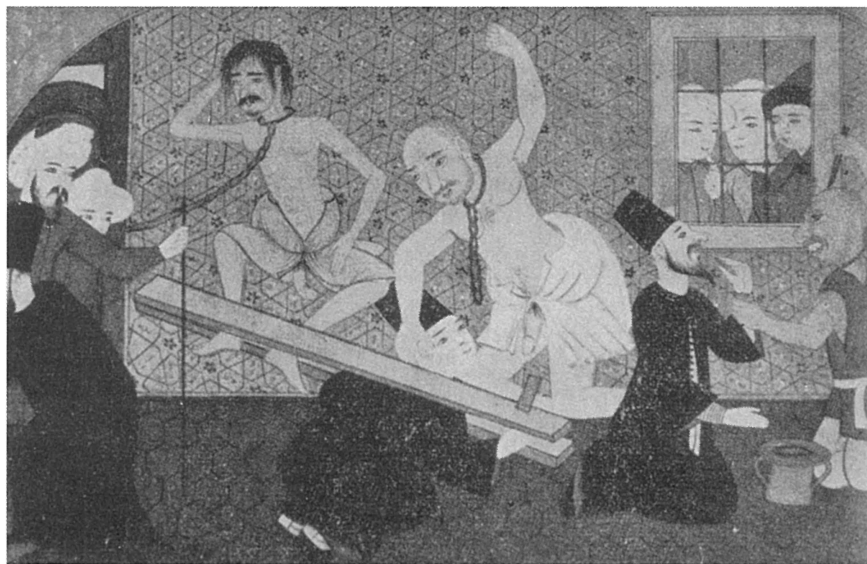
⁴³ *Kashf az-zunūn 'an al-Asāmī wa 'l-Funūn/Lexicon Bibliographicum et Encyclopaedicum*, ed. G. Flügel (7 vols.; London, 1835–58), i. 35. On the comparison of the two descriptions, see Toufi Fahd, 'Le Monde du sorcier en Islam', 157–204, although Fahd appears to have misunderstood Ibn Khaldūn's interpretation of magic and its relationship to Ḥājī Khalīfa's categories.



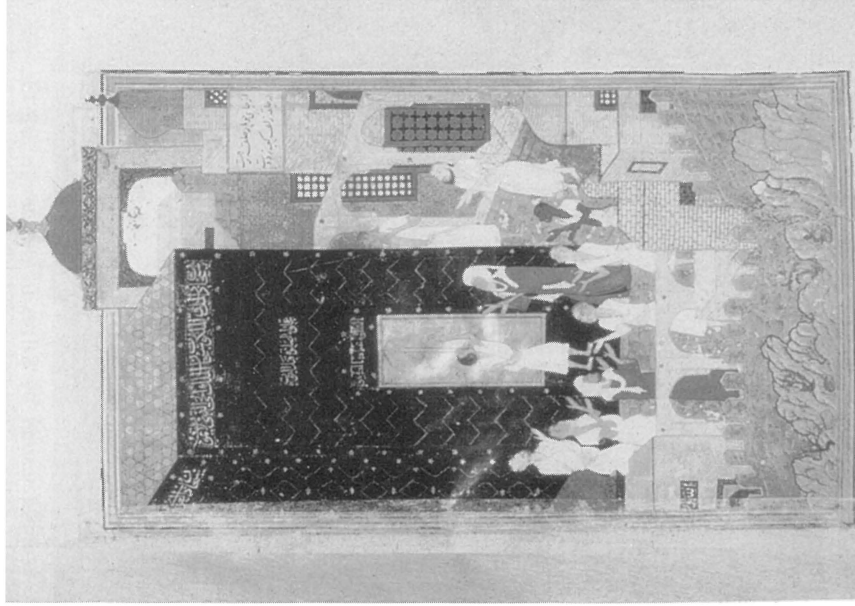
1. Plan of Manṣūrī Hospital, Cairo, 1284-5. Founded by Qalā'un, it is part of a larger complex that includes a mausoleum, madrasa, and special services for ophthalmology. Total area is 2,150 sq. metres and it served 100 patients.

Key:

1. Psychiatric ward
2. Courtyard
3. Sick-rooms
4. Waiting-room for patients in ophthalmology



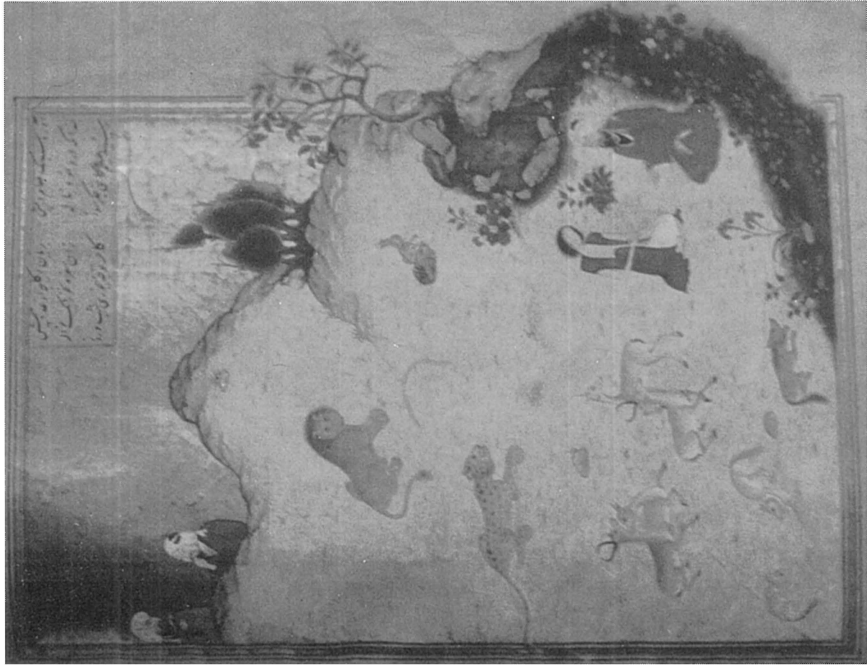
2. Visit to the lunatic asylum: miniature from the Album of Ahmed I (early 17th century), detail.



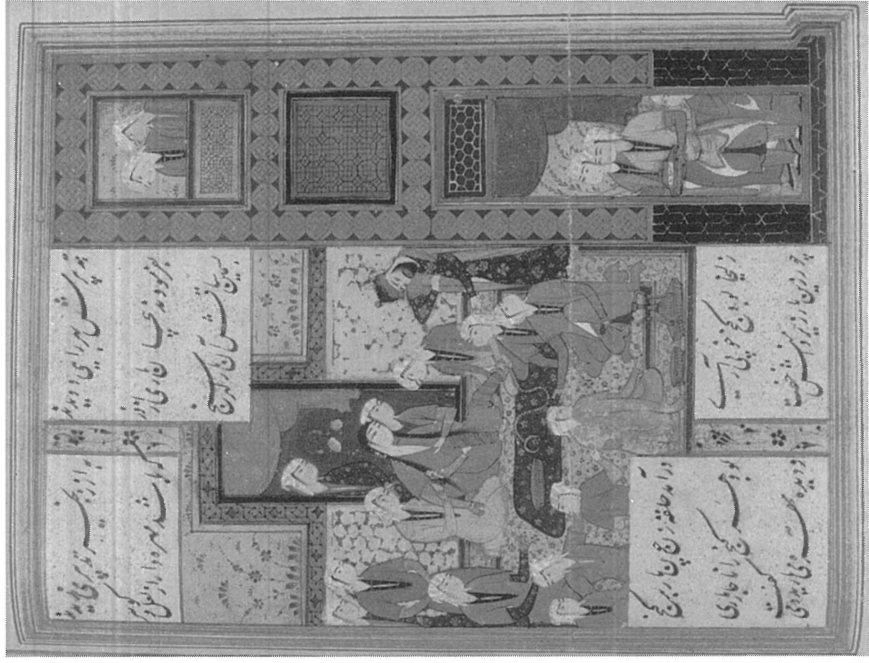
5. Majnūn at the Ka'ba with his father and other pilgrims: BL Add. MS 25900, fo. 114b. The inscription above the door reads: 'Hasten to prayer before food', and a Qur'anic text is at the top.



6. Majnūn brought in chains before Laylā's tent: BL Or. MS 2265, fo. 157b.



7. Majnūn visited by Salīm in the desert: BL Or. MS 6810, fo. 128b.



8. Zulaykhā, mad with love for Yūsuf, has to be restrained with chains in the women's quarters of the palace: Bodl. MS Marsh 431, fo. 35b.

since [the time of] Solomon? He said: They obey men as long as the world lasts, but it is well-ordered by the ninety-nine names of God, His great exorcism, His mighty divisions, and approaching Him in sickness. Moreover, its origin and method are of two kinds: the hazardous [*makhtūr*] and the permitted [*mubāḥ*]. The first is the forbidden magic [*siḥr*]. As for the second, it is the direct opposite, and then it is ineffectual unless there is perfect piety, complete abstinence, solitary happiness, isolation from the world, and devotion to God Almighty [on the part of the exorcist]. [The submission of the jinn and demon to God was well known], but the learned disagreed on the way of applying this divine power that is bestowed on men. Some said that only God could subject the spirits, and others said that it is by conjuration, like prayer and its fulfilment; some believed it is by conjuration and a satisfactory way of life, and other believed by compliant and prepared spies; still some thought it is by computation and the planets, and others thought it is by inhabitation [by the spirits]. This is what is derived from the discussion of the learned. According to the opinion of Fakhr [ad-Dīn ar-Rāzī], when one created the proper conditions and directed the conjuration [*azā'im*], God Almighty made it a great and consuming fire against the jinn and demons that encircled them. Then, the four corners of the earth narrow around them, and there is no escape for them but to submit to what God orders them to do. Even better, when the exorcist is skilful and leads a good and blameless life, God sends tough, strong angels against the jinn and demons to rebuke them and force them to obey and serve him. The theologians and others have confirmed these principles where they said: What prevents God, when certain words are remembered or spoken, such as the divine names and others that are found in books, conjurations and talismans, from making use of a sincere and obedient jinni that He chooses in order to make known to a man what he wants to know about existing things? This is a statement of those who believe that there are armed spirits and spies, and they said that the spirits' obedience to man is not inconceivable, either from the point of view of reason or from the point of view of what is commonly recognized.⁴⁴

⁴⁴ *Kashf az-zunūn*, iv (1835), 205–7.

THE PRACTICE OF MAGIC IN HEALING

Historical instances of Muslim exorcism would substantiate the theoretical discussions of magic. There are, however, no exorcisms in the Qur'ān that are comparable to the acts of Jesus in the New Testament. In the later accounts of Muḥammad and his companions there is only one story that recounts an exorcism; we have already encountered one version of the story in the discussion of Prophetic medicine. Although it is almost certainly apocryphal, the account reflects well the favourable attitude toward 'proper' magic. As with Christians, the question was always whether the magic was performed in the name of demons or in the name of God.¹ In the former case, it was sorcery, and in the latter case, it was a divine gift. According to this one account, an Arab was converted to Islam by the Prophet and, then, returned to his own people. Subsequently, his tribe encountered another tribe that asked for the convert's help in healing a madman whom they kept in irons, for they had heard that the convert's lord had done much good. They asked: 'Do you have something with which to treat him?' The convert said that he did, and he used the *Fātiḥa*, or the opening verse of the Qur'ān, as an incantation twice a day for three days. The shackled man recovered, and his tribe gave the convert one hundred sheep, which he would not accept until he had discussed it with Muḥammad. The Prophet asked him if he had said anything besides the *Fātiḥa*, and he answered no. The Prophet then said that he should, in the name of God, take the sheep, and he declared: 'By my life, there are those who profited by a false incantation [*ruqya*], while you have profited by a true incantation.'² The implication of this story seems to be that Muḥammad approved of Islamic magic, specifically the use of a passage of the Qur'ān, and disapproved of non-Muslim adjurations.

Evidence of the currency of magical practices during the early medieval period may be found in the description of the Muslim world by

¹ Morony, *Iraq*, 416-18.

² Ibn al-Athir, *Usd al-ghāba fī ma'rīfat aṣ-ṣaḥāba* (5 vols.; Cairo, 1869-71), iv. 9; v. 341. Cf. Fahd, 'Le Monde du sorcier en Islam', 180.

al-Mas'ūdī (d. AD 956),³ a near contemporary of Ibn an-Nadīm. As in the latter's bibliographical account of magic, al-Mas'ūdī devotes considerable attention to Egypt as the ancient fountain-head of magical beliefs and practices, although he considers many of them 'out-of-date', which would seem to mean that they were largely pagan or Christian devices. In AD 944 al-Mas'ūdī visited the temples and ruins of Egypt, and he gives an objective account of what he saw and what he was told about the Egyptians' occult practices.⁴ Al-Mas'ūdī confesses that he did not understand the mysteries of the natural world and had written a book on the subject entitled 'Questions and Experiences'. He says that one long chapter was devoted to the special properties of nature and their study and to talismans and their wonders [*aṭ-ṭilasmāt wa 'ajā'ibuhā*]. Perhaps, al-Mas'ūdī admits, these remarkable peculiarities of the natural world have been revealed to mankind by prophets who were sent by God; when God recalled the prophets, the science and all that God had revealed to them remained with men.⁵ Al-Mas'ūdī clearly states that the talismans were efficacious and had mysterious powers like natural substances, such as the magnet. These natural but inexplicable properties may have a religious explanation. He does not appear to be particularly critical of magic, certainly not censorious.⁶

Al-Mas'ūdī also reports an apparently well-known event that occurred at the caliphal palace in Baghdad at the end of the ninth century AD.⁷ He says that the caliph al-Mu'taḍid was assailed in the palace by an apparition that manifested itself in different forms: a monk with a white beard, a young man with a black beard, and an old man dressed like a merchant. Sometimes the phantom appeared with a sword in his hand, and he had killed a eunuch. In vain the gates were guarded and locked, for the apparition appeared to the caliph wherever he went. News of it spread throughout the capital and the caravans carried the story even further. The accounts multiplied and varied considerably. For some, the apparition was one of the rebellious demons (*shayṭān*), who attached himself to the caliph and tormented him. For others, it was one of the believing jinn, who had seen the reprehensible acts of the caliph and the bloodshed that he had caused, and appeared to him as a deterrent to his abominations. According to others, it was one of the servants or eunuchs of the palace who had fallen in love with one of the prince's slave-girls.

³ See Ahmad M. H. Shboul, *Al-Mas'ūdī and His World: A Muslim Humanist and his Interest in non-Muslims* (London, 1979).

⁴ Al-Mas'ūdī, *Les Prairies d'or*, ed. and trans. C. Barbier de Meynard and Pavet de Courteille, ii (Paris, 1914), 398–410.

⁵ Ibid. 409.

⁶ Cf. Abel, 'La Place des sciences occultes', 297–8.

⁷ Cf. ibid. 299.

The servant had resorted to a philosopher's trick of using special drugs; he put them in his mouth and was made invisible. 'All of this', al-Mas'ūdī comments, 'is conjecture and hypothesis.' Then, the narrator tersely states that al-Mu'taḍid brought together the exorcists [*al-mu'azzimīn*]. The caliph's anxiety only increased, and he was deeply distressed. In his bewilderment he had a group of his servants and slave-girls killed or drowned, and he had others whipped and imprisoned.⁸

The same event is reported by the earlier historian aṭ-Ṭabarī (d. AD 923), who fortunately says more about the exorcists:

During the night of Tuesday, Sha'bān 12, 284 [Wednesday, 14 September 897]—or, as reported (from another source), during Wednesday night—a spectre like a human being with a sword in his hand appeared in al-Mu'taḍid's Thurayyā palace. One of the eunuchs went after the spectre to see what it was. The spectre struck him with a blow of the sword, cutting his belt and making contact with the eunuch's body. The eunuch turned away from the spectre and fled as it entered a sown plot in the garden and hid there. The spectre was sought all night and the next morning, but no trace of it was found.

Al-Mu'taḍid was worried about it. People hazarded many a guess about what it was, even saying that it was one of the jinn. The spectre continued to appear later on many occasions. Al-Mu'taḍid went so far as to put persons in charge of the wall of the palace. He had it [and its top] put in good shape and placed a protective railing on it, so that scaling hooks thrown upon it would not fall upon it (and catch hold). Burglars were brought from prison, and the matter was discussed with them. They were asked whether anyone would be able to enter through a hole or by scaling the wall. . . .

On Saturday, Ramaḍān 7, 284 [Saturday, 8 October 897], lunatics and exorcists [*al-majānīn wal-mu'azzimūn*] were assembled and brought to al-Mu'taḍid's Thurayyā palace, because of the spectre that was appearing to him. When they were brought in, al-Mu'taḍid went up to a chamber on the upper floor and observed them. While he was looking at them, an insane woman had an epileptic fit [*ṣur'at*, which can also mean 'to go mad'], became disturbed, and uncovered herself. Al-Mu'taḍid turned away from them in disgust. Reportedly, he had five dirhams given to each of them, following which they were dismissed. Before he observed them, he had sent someone to ask the exorcists whether it was possible for them to find out about the spectre that had appeared to him. One of them mentioned that they might cast a spell [*yū'azzimūna*] upon one of the lunatics and, when he fell down, [he might] ask the jinnī what the spectre was. However, when al-Mu'taḍid saw the woman have the epileptic fit, he ordered them sent home.⁹

⁸ Al-Mas'ūdī, *Les Prairies*, viii. 181–2.

⁹ *The History of al-Ṭabarī*, xxxviii. *The Return of the Caliphate to Baghdad*, trans. Franz Rosenthal (Albany, NY, 1985), 65–6 (with modifications) = aṭ-Ṭabarī, *Ta'rikh ar-Rusul wa'l-Mulūk (Annales)*, 3rd ser., pp. 2178–80. Rosenthal helpfully explains this curious event in a

Magicians from the city were clearly called into the palace by the caliph to solve the mystery of the ghost. This matter-of-fact resort to magicians should not be surprising in the light of what has been said about magic and its practice. What remains murky is exactly who the magicians and mentally disturbed people were. They were surely not doctors and their patients from a local hospital, nor is there any indication that they were sufi masters and their disciples. One may well imagine that the exorcists were 'professional' magicians in the imperial capital and that their benighted clients were part of its flotsam and jetsam. Even in the early seventh century AD, al-Jāḥiẓ tells about such urban 'services': Musaylima, the prophet of the Banū Ḥanifa and a contemporary of Muḥammad, toured the minor market-places of al-Ubulla, al-Anbār, and al-Ḥira, where he hoped to learn magic, sleight of hand, and the subterfuges of astrologers and false prophets. 'He mastered the tricks of keepers of idol temples, snake-charmers and soothsayers practicing ornithomancy and geomancy, and the techniques of fortunetellers, magicians and those who claimed to be inspired by jinn.'¹⁰

Specifically, the *mu'azzimūn* should be translated as 'exorcists', from the Arabic root 'azama, which may mean 'to decide', 'to invite', or 'to enchant'.¹¹ An exorcist usually begins by beseeching God's aid, speaks with the evil jinn, and, then, demands that the jinn depart from the body of the possessed. The incantation of the exorcist was not unrelated to the invocation or entreaty of God that was used in ordinary Muslim prayer. The use of this word suggests the development in the early Islamic era of the magical aspect of Muslim prayer; the meaning of 'azama seems to have evolved from a statement of one's firm resolve to do something, to a

note (p. 66 n. 346): 'Al-Mu'taḍid, usually described as cruel and brave, appears here as sensitive and fearful of the unknown. This fear may have been based upon very realistic security considerations as well as the danger resulting from rumors circulating widely among the population. Interest in the mystery lasted well into the reign of al-Muqtadir, when the alleged solution came to light. See Ibn al-Jawzī, *Muntazam*, v. 172; Ibn Kathir, *Bidāyah*, xi. 77; Ibn Taghribirdī, *an-Nujūm*, iii. 114. In the words of Ibn Taghribirdī: "It was a eunuch who was attracted to one of the slave girls in the residences. Now it was al-Mu'taḍid's custom to forbid eunuchs when they reached puberty to enter the harem. Outside the residences of the harem, there was a large garden. The eunuch used a white beard. Sometimes he appeared in the form of a monk, and sometimes in a soldier's dress with a sword in his hand. He used a number of beards of different shapes and colors. When he appeared, the slave girl came out with the other slave girls in order to see him, and he would be alone with her among the trees. Whenever a search was made for him, he entered among the trees, took off beard, hood, and so on, hid them, but left the sword unsheathed in his hand to give the impression that he was one of those searching for the specter."'

¹⁰ Charles Pellat, *The Life and Works of Jāḥiẓ*, trans. D. M. Hawke (Berkeley-Los Angeles, 1969) 162.

¹¹ Lane, s.v. "azama".

magical entreaty, and eventually to a theurgic demand that God do one's will.¹² Yet, the *mu'azzim* was a particular kind of magician; while the common intention of magicians was to bend God's will to their purposes, the exorcist also had the capacity to coerce the jinn to do his will, specifically by coming out of the possessed, so that the term *mu'azzim* probably indicates this distinguishing feature of the exorcist, as the English term does as well. *Mu'azzim* may have the meaning of a wizard who casts a spell, but this obviously has a pejorative sense of one who curses or casts an evil spell on someone or something. Furthermore, the term 'sorcerers' would not be suitable in the translation from aṭ-Ṭabarī because it suggests the use of black or harmful magic, which was not used in this episode, and in any case, sorcery was prohibited by Islamic law.

There was no actual exorcism in the caliphal palace. In aṭ-Ṭabarī's explanation of the event, the caliph asked whether the magicians could determine what the spectre was, and one of them replied that they could find out by calling upon the jinn of one of the lunatics. The exorcist could, then, ask the spirit about the apparition, assuming that it was probably another jinn. Thus, exorcists and possibly their mentally disturbed clients were invited into the palace to communicate with the jinn. An exorcist's calling upon the spirit of a possessed person, as well as ejecting it, often caused a violent physical reaction in the victim. It is possible that the woman who offended the caliph may have had an epileptic seizure. Epilepsy was often equated or associated with madness; whatever the condition was called, a seizure, especially when the afflicted fell to the ground, was believed to be a clear sign of possession by hostile jinn.¹³ The event recalls the story of the epileptic woman who sought Muḥammad's advice because of her humiliation when she had a seizure, and it also suggests that such events were not uncommon and caused social discomfiture. In any event, the caliph's experiment was aborted because of his disgust at the behaviour of the epileptic woman. The reaction of the caliph may indicate a natural scepticism, prompted by a sense of decency, about the mantic powers of the insane or possessed, no matter how prevalent such beliefs may have been.¹⁴ It is also creditable that the caliph gave the insane alms when they were dismissed. In general, the popular explanations of the apparition that al-Mas'ūdī reports as well as the appeal to the local magicians by the

¹² Goldziher, 'Zauberelemente im islamischen Gebet', 305–7.

¹³ Van Vloten, 'Dämonen, Geister und Zauber bei den alten Arabern', 234–6. This belief is also found in the Arabic medical literature; see Temkin, *The Falling Sickness*, 2nd edn., 106.

¹⁴ Guillaume, *Prophecy*, 206.

caliph himself suggest that the belief in jinn and demonic possession was common to all strata of society and was not restricted to the ignorant masses, although aṭ-Ṭabarī felt compelled, apparently, to explain the event to his learned audience.

The opposite of exorcism was naturally the casting of a curse or spell by a sorcerer that often caused madness; in turn, it demanded exorcism. Perhaps a typical case of sorcery among Muslims in northern India is the following account, which also inadvertently demonstrates the process of medical diagnosis. The story is taken from a sixteenth-century Persian collection of biographies, entitled *Siyarū' l-'arīfīn* (?), that was written by Ḥāmid ibn Faḍlli'llah Jumālī between 937/1530 and 942/1535. It comprises mainly short anecdotes of the miraculous deeds of fourteen saints of the Christi order. One account describes the illness of the saint Farīd ad-Dīn Mas'ūd (d. 664/1265). His family came together and decided to call a physician, who came and examined the saint's pulse and urine but could give no diagnosis. Farīd ad-Dīn worsened and called his friends and family together, and his son suggested prayer. That night the son saw in a dream an old man who told him that his father was bewitched, and the son asked by whom. The man in the dream replied that the son of Shihāb ad-Dīn the Sorcerer had done it. He lived in the town of Ajwad'hm (?) and was notorious for practising sorcery. The old man suggested that someone go and sit upon the grave of Shihāb and recite the following words over the grave: 'O thou, buried here who causest misfortune! Learn thou that thy son has performed a magic act and caused misfortune. So tell him that he should take back his evil from us, otherwise let all that cleaves to us cleave to him.' The next morning, Mas'ūd ordered his son to memorize the words and go to the grave of Shihāb and recite the incantation. The son did so, and digging in the grave, he extracted a figure made of flour with needles stuck in it and hairs from a horse's tail firmly tying it. He took it back to the saint, who told him to pull out the needles and untie the hairs that were knotted. When he did this, Farīd ad-Dīn recovered his health. The holy shaykh had the figure destroyed and thrown into running water. The governor sent the sorcerer to the saint for him to decide his fate. Out of gratitude for his restored health, the saint simply forgave him.¹⁵

In the early twentieth century, Winifred Blackman recounted another form of black magic, which had a very different intention:

In a small village in Upper Egypt there lived a man and his wife, the latter being very good-looking. One day a certain *ḡāḍī* [judge] who was visiting the village in

¹⁵ W. Ivanow, 'A "Witch-case" in Medieval India', *Journal and Proceedings of the Asiatic Society of Bengal*, NS, 19 (1923), 46–50.

question saw her, and, falling in love with her on the spot, desired her as his wife. Knowing that she was already married, his only plan was to get rid of her husband, and so he determined to drive the unfortunate man mad. To accomplish this he induced a magician to write a charm on a piece of paper, which he tied to an inner branch high up on a palm-tree, where it could not easily be seen. The reason for his thus tying the charm to a palm-branch is the idea that, as the branches of the tree are blown this way and that in the wind in apparent confusion, so the brain of the man against whom the spell was concocted would be tortured and confused. Possibly the woman's husband got to know what had been done, but anyhow the poor man lost his reason. He tore off his clothes, tied a rope round his waist, and spoke at times in an unknown tongue.

'You must say,' so he told the village boys who congregated around him, '*Kee ree bra ra kee ree bru.*'

He would also constantly mutter, 'Kamaleh [his wife's name] went to the east, Kamaleh went to the east', repeating it over and over again. Finding that he got no better, his wife divorced him, whereupon the *kādi* asked for her in marriage, and was accepted. Meanwhile, the poor husband wandered aimlessly about, saying that he was king of his native village. He collected *būṣ*—dry *dura* (maize) stalks—each stalk of which he thought was a gun. With these he armed himself and the young lads of the village, and told them that he was their king, and that they must follow him to fight against the other villages. On the day of the weekly market he would repair to the market-place, seize large pieces of meat hung up for sale, and eat them raw. He would also pounce upon the fish which the fishermen had caught in the pond adjoining the village. At last the '*omdeh*, or headman, of the village, finding that the poor fellow had become a disturbing element in the place, wrote to headquarters about him, and he was removed to an asylum. Here he died, but up to the last the one sensible word he was constantly uttering was his wife's name. The events recorded still form a common topic of conversation in the madman's village.¹⁶

Also early in this century, Edvard Westermarck reported a number of examples of sorcery, which were related directly to madness. He describes madness in the following way: 'A *jenn* attacks a person by entering into him. He who is suddenly attacked by a *jenn* or by *jnūn* is said to be *mesh'ōṭ* or *makhlē*, or to get *sh-sha'ta* or *l-khal'a*. But *jnūn* may also take up their abode in a person for a longer period, in which case they of course are a danger to him, though not necessarily causing harm, and also make him dangerous to others. A person who is thus haunted or possessed by *jnūn* is said to be *mejnūn*, *meskūn*, *maryāh* (*meryōh*), or *memlūk*. The same terms are also applied to haunted animals, and the two first ones to places and objects as well. This, at all

¹⁶ Blackman, *The Fellahin*, 191-2.

events, is the case in Tangier and its neighbourhood, whereas at Fez I was told that *mejnūn* is used of persons only and *meskūn* of places and animals, and that *memlūk* means "slave" and nothing else.¹⁷ He also mentions accounts of libidinous female jinn who were known by name and were believed to drive people mad.¹⁸

Westermarck records the following curse from Fez: *Allāh ya'tek l-hmaq*, 'May God make you mad.'¹⁹ There was also a charm called *teṭwif* that was used to make someone mad. To make this charm, you had to empty an egg and write the name of a jinn on the inside and outside of its shell with a fluid consisting of the egg white, the milky juice of an unripe fig, and saffron. The contents of the egg, together with some gunpowder, were then poured back into the shell and buried at a place where the person against whom the charm is directed will pass. When he does so, he will become mad.²⁰ There are also a number of recipes that will drive mad an unfaithful spouse.²¹ Furthermore, Westermarck gives a number of reasons for the affliction of madness. If a petitioner to a saint does not keep his promise to him after his request has been granted, the consequences may be severe. For example, if a man asked for the birth of a son and did not fulfil his pledge to the saint, he would become ill, mad, or die.²² The penalty for illicit sexual activity in holy places was usually a misfortune, such as blindness, lameness, or madness; the same penalty was expected for breaking the laws of purity, particularly sexual uncleanness.²³ It was also believed that the saints punished men with insanity because they violated the sanctity or the right of asylum of the saints' tombs.²⁴

Aside from sorcery and supernatural punishment in the form of insanity in modern North Africa, magic generally seems to have flourished in medieval North Africa. Even at the outset of the Islamic era—the end of the seventh century AD—North African history is marked by the dramatic personal leadership of al-Kāhina, 'the Sorceress', who led the native Berber resistance to the Arab invaders.²⁵ Later, Abū 'Ubayd al-Bakrī, in his mid-eleventh-century geographical account of

¹⁷ Edvard A. Westermarck, *Ritual and Belief in Morocco* (2 vols.; London, 1926), i. 276.

¹⁸ Ibid. i. 392–3, 398, 405. There were apparently other ways of curing the mad than through ordinary exorcism. Westermarck tells the story of a bullock that chased a man; the bullock was actually a jinn and the man saw other jinn coming and he went mad. People came from the village, tied the man up, and took him to a scribe, who ordered *kūskū* (?couscous) to be made without salt and taken to a certain place that was haunted by the jinn. The afflicted man's brother did this; when he returned to the village, he found that his brother had recovered (ibid. i. 336).

¹⁹ Ibid. i. 481.

²⁰ Ibid. i. 370.

²¹ Ibid. ii. 555.

²² Ibid. i. 173, 516.

²³ Ibid. i. 231. Impurity while wearing a charm could cause madness (ibid. ii. 367).

²⁴ Ibid. i. 561.

²⁵ *EI*2, s.v. 'al-Kāhina' (M. Talbi).

North Africa, tells about the territory of the Ghumāra tribe, west of Nakūr, and their major town, Majkasa.²⁶ The area could not have been entirely exceptional, but it was known for its religious heterodoxy and was virtually infested with magicians. A false prophet had arisen there in the early tenth century from a family of magicians. In the nearby mountains of Majkasa there was also a skilful magician who commanded the local people's complete loyalty. If anyone dared to oppose the magician, he enveloped himself in his cloak and brought illness on his opponent or his animals. Among the Banī Shadād, there was a man who always carried a sack full of animal heads and teeth that were strung on a rope and served him as a rosary. When someone came to consult him, he would put this rosary on the man's neck like a collar and, then, he shook him and tore at him. The magician looked at each piece of the rosary in succession until his hand stopped on one of them, and he answered the question that had been posed to him; it might have been about sickness or death, success or failure, but he almost never failed in his predictions. In addition, there were men called 'the sleepers' (*ar-raqqāda*) who foretold the future after a long sleep. And a man in the port of Badis had the power to cause water to spring forth anywhere.²⁷

Leo Africanus has left us a valuable description of the illnesses that afflicted the native Berber population in the early sixteenth century; he has also described in detail the practitioners of magic in Fez. In his medical tableau Leo Africanus mentions epilepsy; he says that he had observed it often among children, but they were cured as they grew older. Furthermore, many women, especially in Barbary and in the 'land of the blacks', were afflicted with it. Leo Africanus states bluntly that through ignorance these sick people were believed to be possessed.²⁸ Later in his account, he offers a detailed and reliable account of Fez, the capital of Morocco, and gives a full account of the local magicians. The fortune-tellers included three groups: those who practise geomancy;²⁹ those who place a drop of oil in a dish of water and, as if in a mirror, interrogate the assembled jinn; and women who claim to be able to communicate with

²⁶ *EI*2, s.v. 'Ghumāra' (G. Yver).

²⁷ Abū 'Ubayd al-Bakrī, *al-Masālik wa l-mamālik*, ed. De Slane, 2nd edn. (Algiers, 1911), 100–2 = *Description de l'Afrique Septentrionale*, trans. De Slane, *Journal asiatique*, 5th ser., 13 (1859), 184–9. Al-Bakrī also records the survival of pagan beliefs: near Tripoli there was a stone idol called Guerza; up to al-Bakrī's time, the local Berber tribes still offered sacrifices to it, addressed prayers to it in order to obtain healing of their illnesses, and attributed to it the power of increasing their wealth (*ibid.* 12 (1858), 443).

²⁸ *Ibid.* 13 (1859), 61.

²⁹ See Emilie Savage-Smith and Marion B. Smith, *Islamic Geomancy and a Thirteenth-Century Divinatory Device* (Studies in Near Eastern Culture and Society, 2; Malibu, Calif., 1980).

various kinds of jinn. Concerning the latter, there are said to be red, white, and black jinn. When these women are asked to divine, they perfume themselves, which was a common practice among magicians and had been since antiquity, and they call upon the spirits.³⁰ The spirit enters them, and their voices change. The enquirer then asks the spirit with great deference what he or she wants to know. After receiving an answer, the enquirer leaves a gift for the demon and departs.³¹

Leo Africanus is clearly hostile to these soothsayers, especially the female diviners. For he goes on to say that honest and knowledgeable people call these women *sahaqāt*, 'masseuses', or *fricatrice* in Latin. In fact, they use one another for sexual gratification. When a beautiful woman comes to consult them, they become enamoured of her, as a young man is enamoured of a young woman, and speaking through the demon, they demand amorous embraces as payment for their services. The beautiful woman feels compelled to oblige the spirit and often complies. Many of the women who enjoy this game ask the divineresses if they can join their guild. To this end, they feign sickness and call for one of the divineresses. According to Leo Africanus, it is often the stupidity of the husband that facilitates this arrangement. The wife manifests immediately her desire to the divineress, who then tells the husband that a demon has entered into the body of his wife and that, if he wants her to regain her health, it is necessary that he allow her to become a part of the guild of female diviners and to work freely with them. The foolish husband believes this and consents to it, and as the height of folly, he gives a sumptuous banquet for the entire guild. After the meal, each of the women dances and enjoys herself to the sound of an orchestra of blacks. Afterward, the husband leaves his wife to her adventure, but the driving out of the spirits from the body of his wife sounds like a vigorous bastinado. Furthermore, other women pretend to be possessed by spirits, and they seize upon the divineresses as the latter had seized upon their victim.³²

This extraordinary account of the female diviners is followed by a discussion of the exorcists and the cabbalists in Fez. Leo Africanus considers *mu'azzimūn* as very powerful in freeing people of their possession. Sometimes they are successful, but if they fail, they pretend that the demon is false or that it is the work of a heavenly spirit. An exorcism is conducted in the following manner: someone writes certain characters and draws circles above a scabbard or some other object; then,

³⁰ On the various aspects of Islamic magical rites, including the use of scents, see the survey of Doutté, *Magie et religion*, ch. 2.

³¹ Cf. Blackman, *The Fellahin*, 184-7.

³² *Description de l'Afrique*, i. 217-18.

he paints some signs on the hand or on the forehead of the possessed and perfumes him with various scents. The exorcist proceeds to the incantation and asks the spirit how he has entered the body, where he came from, what he is, and what is his name. Finally, the exorcist commands the spirit to leave the person's body.³³

The cabbalists used letter-magic, astrology, and occult sciences in a complicated and time-consuming manner to answer questions that were posed to them. After describing such a procedure that is called a *zairagia*, Leo Africanus confesses their marvellous ability; they are never mistaken, and the operation appears to be divine. But he had seen in his lifetime only three men who knew all the rules for this kind of magic, and he had read two commentaries on the techniques—one being by Ibn Khaldūn, who seems to have influenced Leo Africanus considerably in these matters. For Leo Africanus ends his description of diviners by saying that he refused to study the rules of cabbalism because it and all divinatory sciences were prohibited by the theologians and considered as dishonest, almost a heresy. Another type of cabbalist was one who made talismans or amulets. Aside from their other strange habits, they carried on themselves painted amulets with inscribed letters and ciphers. 'They said that after that favourable spirits appear to them, speak to them, and give them a universal knowledge about things of this world.' Leo Africanus had read the major work on this subject by al-Būnī, who had established their rules, fixed their prayers, and indicated the manner in which they should compose their amulets. Leo Africanus concludes that this work drew more from the art of magic than from cabbalism.³⁴

In the early twentieth century Edmond Doutté described and analysed the magical beliefs in Islamic culture, especially as they were practised in North Africa, and they are strongly reminiscent of Leo Africanus' account. Aside from general protection from misfortune, magical procedures were most often directed against illnesses. Among North African Muslims as well as those of the Middle East, illnesses, especially epidemics, were believed to be caused by the jinn,³⁵ so that healing was usually some form of exorcism. Consequently, amulets and talismans were often de-ritualized forms of exorcisms, and quasi-medical potions were actually internal amulets. Epilepsy and madness were considered to be actual possession by demons.

In Doutté's discussion of the practical uses of magic for specific illnesses, he does not report contemporary practices but resorts to a book on 'magical medicine', which he claims to be as-Suyūṭī's *Raḥmat*

³³ *Description de l'Afrique*, i. 218.

³⁴ *Ibid.* i. 218–20.

³⁵ See also Westermarck, *Ritual and Belief*, i. 271, 370.

al-umma. The work is actually *ar-Raḥma fī ṭ-ṭibb wa l-hikma* by aṣ-Ṣanaubarī al-Hindī (d. 815/1412).³⁶ It is a work of Prophetic medicine, but it contains a larger measure of magic than most of the other works of this genre. It is a good illustration of the intertwining of healing, religion, and magic, which cannot be easily disentangled; yet the emphasis on magic justifies the consideration of *ar-Raḥma fī ṭ-ṭibb* here.

Presumably the work of aṣ-Ṣanaubarī was popular in North Africa, which would explain Doutté's extensive citation of the work; in this regard, he only says that such 'works of magic' are superior to oral communication.³⁷ In any case, aṣ-Ṣanaubarī does devote a great deal of attention to the jinn in his explanation and treatment of illnesses. For example, before his lengthy discussion of epilepsy, aṣ-Ṣanaubarī gives a short chapter on the treatment of *waswās*, delusions or melancholia. He says that, on the authority of Galen and on the basis of what has been tested, someone who is afflicted by *waswās* or *junūn* would benefit from eating the brain of the Egyptian vulture (*rakhama*), if God willed. Also the deluded and the madman were healed by the scent of cock, and the melancholic or depressive was aided by drinking a potion made of dill for three days. Advice is given for protection against *waswās* using the 'seal of al-Ghazzālī' and Qur'ānic verses that are written in a metal bowl, from which a liquid is drunk for three days before breakfast. And a 'treatment' is given for one who wants God to intervene between himself and the *waswās* caused by the cursed *shayṭān*. The individual is to use this invocation: 'Oh God, the vigilant, the preserver, the merciful. Oh God, the living, the gentle, the great, the gracious, the generous. Oh God, the living, the everlasting, the steadfast, by whom one gains freedom from his enemies.'³⁸

Parenthetically, aṣ-Ṣanaubarī's discussion of *waswās* points to the different meanings that this term could have. In the medical literature, as we have seen, *waswās* had the sense of delusion, associated especially with melancholia. The confused speech and stupefied behaviour of this condition was also attributed to diabolical possession,³⁹ against which aṣ-Ṣanaubarī clearly gives his last remedy. In view of the ambiguity of the term *waswās*, how is the following unique event to be translated/interpreted? In the early eleventh century AD Ismā'il ibn Ḥammād al-Jawharī, a respected scholar of Nishāpūr, attempted to fly with artificial wings attached to his arm from the roof of the congregational mosque, but he plunged to his death. According to Yāqūt (d. AD 1229), al-Jawharī

³⁶ *MI*, 188.

³⁸ Aṣ-Ṣanaubarī, *Raḥma fī ṭ-ṭibb*, (Cairo 1959), 147.

³⁷ Doutté, *Magie et Religion*, 220.

³⁹ Lane, s.v. 'waswasa'.

'seized upon an idea' (*i'tara al-Jawharī waswasatan*).⁴⁰ Did Yāqūt mean that the bird-man was deluded, insane, or possessed by evil jinn? The earliest account of the event is by al-Anbārī (d. AD 1181), whom Yāqūt follows; al-Anbārī suggests that al-Jawharī was sane. (Ibn al-Qifṭī (d. AD 1248) tells an entirely different story, saying that al-Jawharī became confused in his old age and accidentally fell from the roof of his house.) There are no first-hand accounts of al-Jawharī's death, but the ambiguity of the secondary reports may reflect the stupefaction of the original witnesses at so extraordinary an event.⁴¹

Chapter 173 of aṣ-Ṣanaubarī's work is devoted to the treatment of 'epilepsy' and is divided into fifty-six parts. The author begins by saying that epilepsy is a ruined humour; the *kaymūs* settles in the cavity in a man's brain from the rising of the cold ruinous humour that was hidden in the centre of the body. It is called madness (*junūn*) or epilepsy (*ṣar'*). At certain times, the victim becomes agitated and falls to the ground, and he often does not know what he says or does. The first treatment that is recommended is simply to scent the air, oil the victim's head and body, and feed him hot moist food. For the treatment of 'the epilepsy of jinn' (*ṣar' al-jānn*) and others, aṣ-Ṣanaubarī gives a number of invocations against all types of spirits. On the other hand, the author gives a remedy to throw the demons themselves to the ground (*ṣahr al-jinn*) who want to throw the possessed to the ground in a seizure. In this regard, one can see the close relationship between 'epilepsy', characterized by falling to the ground, and insanity, which shares this sign; to exorcise the possessed individual had the sense, then, of throwing down the jinn. Crapanzano also observed in modern Morocco that 'the verb *sara'*, to overcome, to throw to the ground, means also to exorcise. Its basic meaning is indicative of the permanent expulsion of the jinn in exorcism.'⁴²

One could also use incense and write on the patient's palms and his forehead the specified magical signs and symbols as well as verses from the Qur'ān that are supplied. Then, there follows the method for making a healthy person epileptic—a clear sign of the magical nature of this work. In general, however, the various parts of this chapter deal with the magical methods of constraining, expelling, or destroying the jinn; they include burning, striking, whipping, and restraining them.

⁴⁰ *Irshād al-arīb* (7 vols.; London, 1907–26), ii. 269.

⁴¹ See Gary Leiser, 'Birdmen of the Middle East: Early Attempts at Human Flight', *Aerospace Historian* (Sept. 1988), 173–80.

⁴² Crapanzano, *The Hamadsha*, 158 n. 20.

Plate 4 shows page 173 of aṣ-Ṣanaubarī's *ar-Raḥma fī t-ṭibb*, where he gives various techniques for burning the jinn; the incantations include names, numbers, and terms that are virtually impossible to translate. Nevertheless, in the centre of the page (line 11), the following brief instruction is fairly clear and representative:

For burning: *amlah* 3 *qalīḥ* 3 *tamlīḥ* 4 are written on a blue cloth; set fire to it and have the patient smell its fumes. If you increased it, [the jinn] are consumed in flames.

Instructions are, then, given that include an incantation that is to be written on blue wicks that are burned and the manner of calling out the jinn.⁴³ For the scourging of the jinn, one should draw on a large bowl, on a haversack (*mizwad*), or on the ground the design in the lower left-hand corner of the page, and one should strike it with a pomegranate or quince branch, on which has been written the prescribed magical names and Qur'ānic passages.⁴⁴ When the jinn cry out for mercy, you should stop and demand of them whatever you want. Or, in a similar manner, draw the following symbols and strike them:



And, then, pronounce the prescribed invocation.⁴⁵ Subsequently, aṣ-Ṣanaubarī gives comparable methods to imprison the jinn (*thiqāf al-jinn*), to handcuff them (*takhīf al-jinn*), to punish them, and to burn them with drugs, mainly inhalants and fumigants.⁴⁶ After discussing the benefits of epilepsy, aṣ-Ṣanaubarī provides a long account of the treatment of women who are afflicted by a female demon (*tābi'a*).⁴⁷

Doutté also observed the persistence of incubation in North Africa. He had seen grottoes in Morocco which the Berbers believed to be inhabited by spirits; people went there to sleep and to communicate with the spirits. In a more conventional manner, it was quite common throughout North Africa for one to sleep in the sanctuary of a marabout in order to receive a dream, and it was known as *istikhāra*. Although the religious leaders did not approve of the practice, they did not condemn it. There is no mention of anything like incubation in the Qur'ān or *ḥadīth*.⁴⁸

⁴³ Cf. Doutté, *Magie et religion*, 222.

⁴⁴ Usually sūra 89: 13 because of the reference to scourging: 'Thy Lord unloosed on them a scourge of chastisement; surely thy Lord is ever on the watch.'

⁴⁵ Aṣ-Ṣanaubarī, *Raḥma*, 174.

⁴⁶ Ibid. 174-7.

⁴⁷ Ibid. 177-83.

⁴⁸ Doutté, *Magie et religion*, 410-14.

A welcome flood of light is shed upon the complex interpretation of illness and religious healing in North African society by Vincent Crapanzano's recent monograph on the Ḥamadsha, a Moroccan religious brotherhood that venerates the saints Sidi 'Ali ben Ḥamdush and Sidi Ahmad Dghughi. The confraternity is particularly well known as a healing cult, in which the members slash their heads during their trance dances; the self-mutilation is believed to be pleasing to their possessing jinn—an interesting reversal of traditional remedial methods of cauterizing the head of the insane and beating them. Indeed the general purpose of the ritual is to evoke and mollify the participants' jinn, who had caused physical or psychic illnesses in their victims. Crapanzano's detailed description of the brotherhood in the 1960s and his close analysis of their therapeutic activities provide a splendid picture of healing in a traditional Muslim community as well as insight into the subtle conceptualization of mental disturbances.

Healing is clearly pluralistic: 'In Morocco, there is no single, socially chartered therapeutic system with final authority.'⁴⁹ The choices are considerable: the *fūqaha* or scribe and the Qur'ān teachers who specialize in writing amulets and talismans;⁵⁰ herbalists; Galenic doctors; barbers, who traditionally also let blood; the *aguza*, an old woman who knows herbal and magical concoctions, or her male counterpart; the exorcist, who may be a Qur'ān teacher, member of a brotherhood, or a respected *cherif* (a descendant of the Prophet); the brotherhoods themselves; and Western medical practitioners.⁵¹ Even the final option—modern Western medical services—shows the influence of traditional attitudes toward healing. Presumably, Prophetic medicine might be offered by the Qur'ān teachers or those with some religious education. Furthermore, there is the availability of healing at a number of saints'

⁴⁹ *The Hamadsha*, 133. A complement to Crapanzano's account of medical pluralism in Morocco is Bernard Greenwood's 'Cold or Spirits? Choice and Ambiguity in Morocco's Pluralistic Medical System', *Social Science and Medicine*, 15b (1981), 219–35. Although overly schematic, Greenwood places the Ḥamadsha in a wider theoretical context, showing the complex interplay between religious and non-religious healing in Morocco. Greenwood does not, however, discuss the 'women's cults' (p. 221, Fig. 1) which are said to practise exorcism, along with the *faiḥ*, the *cherif*/brander, and the religious brotherhoods. Unfortunately, Peter Gran's 'Medical Pluralism in Arab and Egyptian History: An Overview of Class Structure and Philosophies of the Main Phases' (*Social Science and Medicine*, 13B (1979), 339–48) is an embarrassing muddle of the subject.

⁵⁰ Lane also emphasizes the fact that village schoolmasters in Egypt were considered experts in magic (*Arabian Society*, 80).

⁵¹ *The Hamadsha*, 133–5. Greenwood states ('Cold or Spirit?', 220): 'There are thus three modes of treatment used by the *chorfa*: general healing *baraka* against any illness [usually through their saliva or shared food, especially bread]; technical skills for specific illnesses; and the exorcism of spirits.'

tombs or sacred places, such as springs and baths.⁵² Naturally, there was competition between these various practitioners.⁵³

Crapanzano gives a good example of the first option—a simple story of a woman who sought a cure for her sick young daughter, Fatima:

One of my neighbors, a woman, had told me to go to that fqih because he is especially good for children. I went to the house of the fqih with the neighbor who recommended him. I said to him, 'My daughter is sick. Can you write an amulet for her?' The fqih looked at Fatima who was feverish, but he did not examine her. 'It is all right. She will not die.' Then he wrote a verse from the Koran. He told me to put the verse along with some herbs—rue [*fijil*], harmal (*ḥormal*), and a type of absinthe [*shiba*—in a red cloth and hang it from Fatima's neck. He also gave me another verse of the Koran and told me to put it in a bowl with some water, olive oil, and garlic. I was to rub the mixture all over Fatima. All over her, except the soles of her feet and the palms of her hands. I was to do this every morning and every night, twice a day, for three days. I was also to give Fatima a little of it to drink with each application. [Did the fqih ask you anything?] The fqih said absolutely nothing else. You go to him, really, only to know if the child will live or die. Three days later, Fatima was still sick.⁵⁴

Fatima did eventually recover but only after a proper visit to the saints' tombs with her parents. This brief excerpt suggests the complex process of healing even in a provincial town.

What is most striking is that the symptoms of an illness are not decisive in the determination of treatment, especially because several different therapies are believed to be effective for the same symptoms. A large number of other considerations play an important role in reaching a decision, or series of decisions, about treatment: the aetiology of the malady; the availability and cost of specialists; the relations of the patient or his family to practitioners; experience of various types of cures; the advice of friends as well as the solicited recommendations of diviners; the popularity of specific healers or cures; the adherence of the patient to a particular saint, shrine, or brotherhood; and the seriousness of the illness.⁵⁵ In general, the social status of the afflicted, in terms of wealth,

⁵² *The Ḥamadsha*, 134.

⁵³ Ernest Gellner, *Saints of the Atlas* (London, 1969), 138–9, 286–7. Although the author is far more interested in the politics of the saints, he does mention the scribes and wise women as major competitors of the saints and their shrines. The scribes 'are also technologists of magic; knowing how to write, it is widely held that they can effect cures, invoke the devil (by, for example, reciting Koranic passages whilst retreating, or writing them backwards), and some do make extra income by these means' (p. 287).

⁵⁴ *The Ḥamadsha*, 179; for the disposal of ineffective amulets, see p. 180.

⁵⁵ *Ibid.* 134.

education, family, sex, and age, greatly influences the choice of treatment.⁵⁶

Crapanzano rightly emphasizes the fact that there is considered to be a wide variety of causes for illness. The cause may not even be centred in the patient but in a social situation, such as the violation of a taboo, and the corrective is, strictly speaking, non-medical.⁵⁷ Also, unlike modern Western medicine, there is no distinction between physical and mental illnesses. Crapanzano divides Moroccan theories of causation into two categories: naturalistic and preternaturalistic. The first are mechanistic; for example, syphilis is believed to be caused by menstrual fluid. The second are preternatural, where illness is caused by the jinn, which strike or possess an individual, or other agents, such as the evil eye or witchcraft, which are not so exclusively associated with illness. Parenthetically, a whole range of misfortune may be attributed to the evil eye, but a gradual wasting sickness, not madness, is the most characteristic effect. On the contrary, the madman was more commonly suspected of being the vehicle or source of the evil eye than its victim.⁵⁸

The Ḥamadsha are primarily concerned with treating the jinn-produced illnesses, but they are not the only ones who are able to exercise control over the jinn.⁵⁹ The Ḥamadsha are careful in diagnosing and, therefore, in relieving the symptoms of psychic illnesses; they avoid organic illnesses. 'They are able to effect, often dramatically, the remission of symptoms—paralysis, mutism, sudden blindness, severe depressions, nervous palpitations, paraesthesias, and possession—which led the patient or his family initially to seek their help. The symptoms they treat are frequently expressions of the common anxiety reaction found in many primitive societies . . . or expressions of more severe hysterical, depressive, and even schizophrenic reactions.'⁶⁰

Crapanzano also gives a lucid description of the supermundane spirit world that may intervene in human affairs and wreak havoc. In Morocco there is the usual diversity of spirits, particularly the *shayāṭīn*, '*afarit*', *ghwal*, and a number of euphemisms because of the common fear of their evocation by naming them. The *shayāṭīn* are associated with the Devil and are responsible for 'mischievous thoughts and deeds' but not for diseases. Moroccans regard the '*afarit*' as 'huge, cannibalistic spirits' that are particularly powerful and evil; in many of their supernatural powers,

⁵⁶ Cf. Mayers' discussion of patient therapeutic strategy in modern Egypt: 'A Century of Psychiatry', 260–70.

⁵⁷ *The Ḥamadsha*, 185.

⁵⁸ Brian Spooner, 'The Evil Eye in the Middle East', in *The Evil Eye*, ed. Clarence Maloney (New York, 1976), 76.

⁵⁹ *The Ḥamadsha*, 134–5.

⁶⁰ *Ibid.* 4–5; see also pp. 96–7.

they seem to be the malignant counterpart of the saint—their power to possess people and drive them crazy contrasts with the saint's power, his *baraka*. The *ghwal*, who may be either male or female, are usually amazons with long pendant breasts and cloven feet. Although ugly, they can become alluringly beautiful and, then, seduce their victims in deserted places and devour them. The female jinn 'Aysha Qandisha, whom the Hamadsha are particularly devoted to, has these qualities.

Aside from these special types of spirits, the jinn share many of the characteristics that are associated with them throughout the Islamic world. They are semi-divine, semi-human creatures who are quite unpredictable in their relations with mankind, but they tend to be capricious, revengeful, and despotic. Being particularly sensitive to insult and injury, the jinn usually cause sickness in an individual who has offended, hurt, or disobeyed them in some way. Moreover, some people are especially vulnerable to attacks by the jinn. Those who are angry or frightened are especially susceptible, as well as those in liminal periods in their lives, such as pregnant women, newborn children, boys at the time of their circumcision, engaged couples, and the dying. And the jinn are especially active at certain times, as after the mid-afternoon prayer, and particularly inactive at others, as during Ramaḍān. Generally, the jinn are feared and respected. Moroccans protect themselves against the jinn in various ways: by burning candles in the dark, sprinkling salt in areas that the jinn inhabit, pronouncing apotropaic phrases, and wearing phylacteries and charms. Nevertheless, there is an irreducible confusion about the jinn; angels, saints, and jinn are lumped together, partly because of the belief in the existence of good Muslim jinn who assist the saints like the angels. As with the saints and angels, the names of some of the jinn are well known, while others are secret, and the possession of these names is a source of power for magicians-scholars. 'There is much power in the name, and the discovery of the name of a jinn possessing a person is one of the first steps in exorcising it.'⁶¹

The parallels between an individual and his saint, on the one hand, and his jinn, on the other, are remarkable. The saint is the source of *baraka*, which may be translated as 'blessedness' in both moral and medical senses, as the jinn are, potentially, the source of *bas*, 'harm' or 'misfortune'. One must curry the favour of the saint and allay the hostility of the jinn. The parallelism can be clearly seen in the vocabulary. A person 'is said to be the follower (*tabi*)' of the jinn and to lean on (*muttakil*) or rest against (*muwali*) the jinn. *Msannad* may be

⁶¹ Ibid. 135-40.

used to describe the relationship between a man and his jinn, although it is usually restricted to his relationship with a saint.⁶² While one may decide to become *msannad* to a saint, one does not decide to be a follower of a jinn—it is the jinn's decision and the jinn make demands on their followers. The demands usually include wearing clothing of a specific colour, burning a particular incense, performing the Ḥamadsha ceremony to a special musical phrase (*riḥ*), special foods, taboos, sacrifices, and visits to shrines.⁶³

Crapanzano's description of this aspect of Moroccan Islam does not seem to be typical of wider Islamic beliefs. The Ḥamadsha possession cult appears to have been derived from sub-Saharan Africa. The legends of the confraternity's saints and of 'Aysha Qandisha suggest such an origin, and the correspondence with sub-Saharan religions is close.⁶⁴ Unfortunately, Crapanzano does not pursue these 'parallels', especially the *zār* ceremony (see below), which has also infiltrated into other parts of the Islamic world. This neglect has significant consequences because of the apparent influence of these non-Islamic religious beliefs on Islamic practice. Although Crapanzano sets the brotherhood in the general Islamic context of sufism and its orders, the Ḥamadsha ritual seems quite distinctive.⁶⁵ Or is it a common feature of Moroccan sufism? Furthermore, the Ḥamadsha treatment of the jinn-possessed is not related to the history of exorcism or magic in Islam. The Ḥamadsha appears not to be a sufi order at all, but rather a syncretism between elements of Muslim saint worship and African beliefs and practices for alleviating jinn-possession. The Ḥamadsha ritual only resembles the ecstatic states of the mystics. Its purpose is quite the opposite of the mystic: the evocation and temporary presence of the offending jinn, and not God.⁶⁶ Moreover, the participatory entranced-state of the Ḥamadsha ritual is a means of mollifying the jinn, especially 'Aysha Qandisha. It is not an exorcism, which means removing the jinn permanently from its victim.⁶⁷ Crapanzano's description of Moroccan 'exorcism', if correct, does not include the basic elements of exorcism—the identification of the jinn,

⁶² *The Ḥamadsha*, 142.

⁶³ *Ibid.* 142–3.

⁶⁴ *Ibid.* 141–2.

⁶⁵ For the context of such ecstatic cults in North Africa, see Dermenghem, *Le Culte*, 253–327.

⁶⁶ *The Ḥamadsha*, 186. The trance or 'psycho-gnostic state' (*ḥal*) of the Ḥamadsha may share the characteristics of ecstasy with the mystic and the lunatic and, as Crapanzano suggests, with the 'mental state of the moment of ejaculation' (p. 195).

⁶⁷ Cf. I. M. Lewis, 'African "Survivals" in Islam', in his *Religion in Context: Cults and Charisma* (Cambridge, 1986), 97, where Lewis interprets the treatment as 'a kind of conversion'.

their expulsion, and protection against their return.⁶⁸ The aim of the *ḥadra* or ritual dance of the Ḥamadsha is to satisfy or appease the jinn—a 'cure' of the devil-struck and the devil-possessed.⁶⁹ But only a temporary cure, for the *ḥadra* creates a symbiotic relationship, to the obvious advantage of the cult.⁷⁰

In addition, Crapanzano asserts and builds an elaborate analysis on the notion that the patient is cured by the transference of the saints' *baraka* in the entranced state, but it is unclear how the *baraka* is therapeutic when the patient is invariably *not* cured, as Crapanzano admits.⁷¹ Crapanzano states tersely in a separate study of two members of the Ḥamadsha: 'The blessing, or *baraka*, of the saint enables the Ḥamdushi to enter trance.'⁷² The saints' legends do appear to provide a rationalization or linkage between traditional Islamic beliefs and a foreign ritual. The reception of *baraka*, however, appears redundant, if not contradictory, to the pleasing of the jinn who make possible the trance state itself.⁷³

Nevertheless, Crapanzano's study is extremely valuable in understanding a Muslim society's perception of mental derangement and its relationship to the jinn. For example, Crapanzano gives the following account of resorting to the jinn as an explanation for illness, when all else fails:

in discussing the reasons why a man goes crazy (*ḥamiq*), one of my informants told me that a man becomes crazy when he has lost all of his money or all of his children in some disaster. I then asked him about a particular man who was considered crazy. This man had neither lost all of his money nor all of his children, nor suffered any similar disastrous experience. 'Ah,' my informant

⁶⁸ *The Ḥamadsha*, 159: the exorcisms 'may involve nothing more than placing a little tar on the victim's nostrils and other body orifices, bathing him in water endowed with *baraka*, or burning incense over him. Often, a Koranic teacher or an exorcist will incant verses from the Koran over the victim until the jinn leaves him. Sometimes sacrifices are required. These sacrifices may be conceived either as a gift (*ḥadiyya*) to the jinn or as an 'ar—literally, shame; "an act which intrinsically implies the transference of a conditional curse for the purpose of compelling somebody to grant a request". . . . Or they may involve the ritualized preparation of special food such as a chicken cooked without salt (*massus*), which is fed to the patient (that is, to the jinn within him).'

⁶⁹ Ibid. 4, 135, 145, 158, 165, 187.

⁷⁰ Ibid. 6, 159.

⁷¹ Ibid. 168.

⁷² Vincent Crapanzano, 'Mohammed and Dawia: Possession in Morocco', in *Case Studies in Spirit Possession*, ed. Vincent Crapanzano and Vivian Garrison (New York, 1977), 141–76.

⁷³ Also, the analysis that Crapanzano constructs on the distinction between named and unnamed jinn seems untenable. He says (*The Ḥamadsha*, 158) that exorcism ('*azima*') usually is employed on those attacked by an unnamed jinn, yet the act of exorcism is commonly predicated on the knowledge of the possessing jinn, especially his name, in order to call it out. On the other hand, the notion that the symbiotic relationship is effected when one is attacked by a named jinn is tautological: prefatory to the 'working-relation' between the possessed and the jinn is establishing the jinn's identity, as Crapanzano states. And no evidence is offered that the two different psychic states are identified with named- and unnamed-jinn possession.

said, 'it is those people there.' He assured me that he had no idea why 'those people there' chose to make the man crazy. It was written. Similarly, he had no idea of how the jnun made the man crazy. There was nothing to be done, he said. The Ḥamadsha, the Gnawa (another brotherhood), or even the Koranic teachers who specialize in exorcism could do nothing. True, the man's family could take him to a saint's tomb; there was always the chance that a saint could help him, but this was doubtful.⁷⁴

Where treatment is possible, there are apparently several ways in which the jinn can attack their victims and they are related to the victims' symptoms. 'The person who exhibits the symptoms of a possession state is said to be "inhabited" (*maskun*) by a jinn, whereas the person who suddenly is paralyzed is said to have been struck (*madrub*) by a jinn. . . . in only one instance is a category of the jnun-produced illnesses symptom-specific: *matrush*. The word *matrush* refers to a sudden, unilateral paralysis of the face, usually on the left side. It is believed to be the result of a slap in the face by a jinn.'⁷⁵ Thus, an individual may be struck or possessed by the jinn; in the former case, there is some sudden physical disability; in the latter case, there are the usual signs of possession, such as falling unconscious, convulsions, speaking in tongues, etc. In both cases, the jinn invade their victims' bodies, but they stay in the possessed, while they leave the stricken almost immediately. *Majnūn* generally means anyone attacked by jinn but specifically the possessed.⁷⁶

Crapanzano gives a detailed taxonomy of the jinn-possessed and the jinn-stricken. *Mas'ut* and *makhlu'* describe those who are obsessive and fearful, respectively; they are temporarily possessed but they do not need treatment, although their symptoms may be initial stages of a more serious condition. *Miryah* indicates a possessed individual, and *maskun* specifies a person who is 'actually inhabited by a jinn'. Crapanzano observed that the Ḥamadsha considered 'sudden changes in conversation or activity, as well as convulsions, to be the significant symptoms of a person called maskun'.⁷⁷ *Maqius* is the most common expression for someone who is attacked by the jinn. Crapanzano considered it partial possession. One of his informants stated:

⁷⁴ *The Ḥamadsha*, 151. Crapanzano's distinction here between jinn who are believed to cause illness but do not play a role in its treatment—'the explicative mode of responsibility'—and those that do play a part in its treatment—'the participational mode of responsibility'—appears artificial and unhelpful. The former appears to be cases simply where the therapy, especially of the Ḥamadsha, has failed.

⁷⁵ *Ibid.* 152.

⁷⁶ *Ibid.* 152–3.

⁷⁷ *Ibid.* 153–4; there is some confusion in the author's transliteration of Arabic.

A person is maqius by the jnun. He feels absent [*ghayb*]. It is as though someone is in front of the person, and the person is outside his body. Sometimes he falls and trembles. [I asked him where the jinn is.] God only knows where the jinn is. It is possible that the jinn is in the body. But this is not sure. There are some who are ghayb and tremble and fall, and others who are sick and remain seated and immobile in the corner [*mqallesh*].⁷⁸

Despite the apparent observation of a complete range of psychic conditions among the Moroccans, it is remarkable that Crapanzano never mentions the insane who were violent or unmanageable, which raises questions about his taxonomy of possession and the relationship of the severely disturbed to both the saints' tombs and the *hadra*. As for the jinn-stricken, the *mushar* is only slightly affected, while the *matrush* and the *madrub*, literally 'stricken', are directly invaded by the jinn, and they show physical injuries.⁷⁹

When the Ḥamadsha can act to assuage the jinn of a stricken individual, the identity of the spirit has to be established. The identity may already be known before the illness, or through a dream or by identifying music associated with individual jinn. 'One of the commoner ways of identifying an attacking jinn is to call in a *talla*', or exorcist-seer, many of whom are women. . . . The *talla*' attempts to identify the jinn by either mechanical or oracular divinatory practices.⁸⁰ Then, it is necessary to find out what the jinn wants from his victim and to satisfy his or her demands.

The therapeutic intention of the Ḥamadsha ritual appears to be distantly related or, at least, very similar in function to the *zār* ceremony, which has been practised in Egypt since the last quarter of the nineteenth century and has attracted considerable scholarly attention.⁸¹ The *zār* is also designed to heal men and especially women who are believed to be

⁷⁸ Ibid. 154.

⁷⁹ Ibid. 155.

⁸⁰ Ibid. 162.

⁸¹ See Enno Littmann, trans., *Arabische Geisterbeschwörungen aus Ägypten* (Leipzig, 1950); Maxime Rodinson, 'Autobiographies des possédées Égyptiennes', *Mélanges Louis Massignón* (Damascus, 1957), 259–69, and his review of Littmann's *Arabische Geisterbeschwörungen* in *Journal asiatique*, 240 (1952), 129–32; John G. Kennedy, 'Nubian Zar Ceremonies as Psychotherapy', *Human Organization*, 26 (1967), 185–94; A. Okasha, 'A Cultural Psychiatric Study of El-Zar Cult in U.A.R.', *British Journal of Psychiatry*, 112 (1966), 1217–21; Lucie W. Saunder, 'Variants in Zar Experience in an Egyptian Village', *Case Studies in Spirit Possession*, ed. Vincent Crapanzano and Vivian Garrison (New York, 1977), 177–91; Hani Fakhouri, 'The Zar Cult in an Egyptian Village', *Anthropological Quarterly*, 41 (1968), 49–56; M. F. el-Sendiony, 'The Problem of Cultural Specificity of Mental Illness: The Egyptian Mental Disease and the Zar Ceremony', *Australian-New Zealand Journal of Psychiatry*, 8 (1974), 103–7; Meyerhof, 'Beiträge', 320–2; Kriss and Kriss-Heinrich, *Volks Glaube*, ii, ch. 3; Hasan el-Shamy, 'Mental Health in Traditional Culture', 21–3; I. M. Lewis, 'Spirit Possession in Northern Somaliland', in *Spirit Mediumship and Society in Africa*, ed. John Beattie and John Middleton (London, 1969), 204–11.

possessed by spirits, which cause psychic and physical disabilities. The *zār* ceremony appears to have originated in Ethiopia and to have been diffused outward to western and southern Arabia, the Sudan, and Egypt; it may have been transported to Egypt by Sudanese slaves. The Ethiopian *zār* cult seems to be related to comparable practices in West Africa, where the rite is known as *būrī*. From this region, it was transmitted in more remote times to North Africa and America; in the latter, it was carried by black slaves and is today well known as voodoo. The *zār*, a loan-word from Amharic, may be derived from the name of the supreme divinity of the pagan Kushites.⁸² Typical of the fate of pagan gods, the *zār* seems to have become a malevolent spirit when Ethiopia was Christianized. In Ethiopia, Christians and Muslims believed that the *zār* inhabited especially running water; when it possessed a person, it could be driven out by amulets or exorcisms known to both religions.⁸³ Consequently, the term *zār* refers to both the evil spirit and the cult that is devoted to it. The *zār* cult in northern Ethiopia is quite similar to the North African Ḥamadsha.

In Ethiopia everyone is vulnerable to being possessed by a *zār* spirit, but some people, especially women, are more susceptible. Generally, emotional deprivation—such as that of a jilted young girl, a frustrated young camel herdsman, or a neglected wife—and psychological disturbances predispose many to spirit-possession.⁸⁴ In the short term, a traumatic or acutely stressful situation might make a person particularly vulnerable to attack. In any case, a person who believes that he or she has been attacked by the jinn resorts to the *zār*, which is not considered to be a deviant cult. The afflicted individual consults a healer who is also *zār*-possessed but has ‘come to terms’ with the spirit. The healer must also possess a stare that can calm hysterics and an ability to speak in ‘*zār* language’, an argot of Amharic; female *zār* doctors almost always claim expertise from their mothers. This secular aspect of the *zār* distinguishes it most sharply from the Ḥamadsha; there is no relationship between the healer and a local saint, so that the Ethiopian practitioner appears more clearly as a shaman.⁸⁵ After a careful diagnosis of the patient, the healer summons his own *zār* to possess him and calls forth the unknown spirit of the patient in order to identify it. Unlike the Ḥamadsha, there are a large number of possibly offending spirits; each has its own characteristics

⁸² Lewis, ‘Possession Cults in Context’, in his *Religion in Context*, 47.

⁸³ *EI*1, s.v. ‘Zār’ (Enrico Cerulli). It is unclear what Cerulli means by ‘rites common to the followers of both religions’ when Islam has no orthodox form of exorcism.

⁸⁴ Lewis, ‘Possession Cults in Context’, 23–50.

⁸⁵ See the helpful essay by I. M. Lewis, ‘The Shaman’s Career’, in his *Religion in Context*, 78–93.

and makes specific demands from those whom they possess. Eventually, the identity of the patient's *zār* is established, and its demands are negotiated; they may be simple, such as jewellery or specially coloured clothing, or symbolic, such as the sacrifice of a chicken or another fowl. The *zār* is temporarily satisfied, and the afflicted individual is relieved. As a consequence of the healing, however, the patient is hooked; the patient becomes, potentially, a lifelong member of the 'zār society' of fellow-sufferers and periodically participates in the trance dance that keeps the personal jinn happy. 'Most *zārs* are never exorcised.'⁸⁶

In Simon Messing's concise and informative description of a typical case of possession in Ethiopia, he emphasizes the care of the family. 'In cases of hysterical possession, which typically takes the form of wanting to run into the bush at night and mingle with the hyenas, relatives may restrain the patient with ropes. In either case, he is never left alone.'⁸⁷ The patient is led to the *zār* doctor's house for the *zār* ceremony. The adherents of the cult have assembled and the house has been incensed. The doctor emerges and enters the group when she has been possessed, acting as a medium. She welcomes the assembled group and orders drinks; a male 'reader-composer' chants hymns to the *zār*, which the group accompanies with hand-clapping. The spirit of the patient is identified by the doctor, and after much interrogation of the spirit and confession by the patient, the patient dances the individual whirl of his *zār* that ends in exhaustion. 'Much of the treatment consists of negotiations with the irritating *zār* in order to transform him into an attitude of benevolence as "protective *zār*" ("weqabi").'⁸⁸

In Egypt, the *zār* is usually conducted by a woman, known as a *kūdyā* or *shaykha*, who is in close contact with the spirit world. 'Zar practitioners usually claim professional sanction through the transfer of power and knowledge from their relatives or through dreams wherein the spirits have "called" them to be practitioners.'⁸⁹ She is surrounded by a quasi-permanent group of clients, mainly middle-aged women, who meet periodically for the collective ritual, either publicly or privately. Resorting to the *zār*, after all other healing methods have failed, is in a sense 'an acknowledgement that the demons have won; the whole tone

⁸⁶ Simon D. Messing, 'Group Therapy and Social Status in the Zar Cult of Ethiopia', *American Anthropologist*, 60 (1958), 1120-6. Cf. Lewis, 'Spirit Possession in Northern Somaliland', 204 *et passim*, where it is argued that there is actually exorcism in the *zār* in Somaliland. In addition, Messing notes that the Coptic Church in Ethiopia condemns the *zār* cult but does little to discourage it; 'this may be because many priests secretly believe in the cosmology of *zār* themselves, particularly in spirits that are regarded as Coptic Christian (others are "Muslim" or "pagan")' ('Group Therapy', 1121).

⁸⁷ Ibid. 1123.

⁸⁸ Ibid. 1123-4.

⁸⁹ Fakhouri, 'The Zar Cult', 50.

of the ceremony is one of propitiation and persuasion rather than coercion'.⁹⁰ There is usually a preliminary interview and diagnosis by the *kūdyā*.⁹¹ An essential component is the hired troupe of musicians because music and dance are an integral part of the ceremony, as in the Hamadsha ritual. After the trance-inducing dance, the *kūdyā* interrogates the possessed person's spirit, whom she alone can hear. She asks the spirit to identify itself and make its demands. The spirits are numerous and highly individualized; they are often identified according to place of origin (such as Cairo, Upper Egypt, or the Sudan) or religion (Christian, Muslim, or pagan) and their demands usually include the jinn's host wearing various ornaments and clothing and making animal sacrifices.⁹² The Muslim *zār* practitioners might also recommend that the possessed visit Christian sanctuaries for healing, as in the resort to Christian amulets and talismans.⁹³ The private *zār* customarily ends with a banquet. In Upper Egypt this feast was known as *ṣulḥeh*, or peace-making, and symbolizes well the desired accommodation of the spirits to their victims.⁹⁴ Although the *zār* may vary considerably in detail, according to the idiosyncrasies of the practitioner and the illness being treated, the ritual is not a cure but a palliative for both the possessed and his or her demon, for the objective is to conciliate the offending spirit.

Despite modern psychological interpretations, the *zār* is essentially not 'group therapy' of a modern psychiatric type. There is surely value in association with one's peers and their personal support during periods of distress, but the afflicted person—actually everyone in the ceremony—externalizes her experience; there is no probing of the patient's psychic history. Personal motivation is externalized; the jinn are largely responsible and not the possessed. Moreover, the *zār* validates the existence of jinn and jinn-possession as well as the largely subjective experience of ill-health. In the main, temporary madness is a means of bargaining for well-being. The rituals are not cures, exorcisms, or some kind of spiritual communion. For some reason, these healing cults have

⁹⁰ Kennedy, 'Nubian Zar', 186.

⁹¹ Most modern observers of the *zār* emphasize its effectiveness for hysterical reactions, anxiety states, neuroses, and mild forms of depression, and that the *zār*-leader screens clients for the appropriate signs. Kennedy points out that depressive conditions, for which the word *wassa* is used, are the most frequently treated by *zār* in Nubia, and he gives the native classification of mental disorders ('Nubian Zar', 190).

⁹² Only Okasha ('A Cultural Psychiatric Study', 1218) claims that there is an actual exorcism: 'Finally, the "kodia" bids the devil leave his victim in peace, promising to comply with his wishes. A pottery jar is put in the centre of the room and the devil is supposed to make his exit through this jar, thus breaking it.'

⁹³ Fakhouri, 'The Zar Cult', 54-5; Rodinson, 'Autobiographies', 267.

⁹⁴ Blackman, *The Fellahin*, 186-7, 198-200.

generally been studied by social scientists in isolation from indigenous Muslim beliefs, especially the belief in jinn, exorcists, and magicians, which has led to misleading comparisons with classical Greece and its Dionysian rites. In the context of traditional Muslim occult beliefs, the *zār* does not appear so exotic. As in Egypt, the non-ritual aspects of the *zār* are similar to magical healing. After determining that a mental disturbance is not organic, that it is not *khilqa*, or an act of God, and that there has been a sudden onset of the mental disturbance, the diagnosis is usually spirit possession, and one resorts to a religious healer.⁹⁵ Naturally, there are negotiations about the suitability of the healing to the malady, or the healer to the patient.⁹⁶ In general, the *zār* cult is a useful reminder that occult healing practices, which are usually as conservative as they are obscure, are not static. Nor are they necessarily 'popular', i.e. low-class. As the *zār* ceremony in Egypt shows, it was initially adopted by upper-class elements of the population in the nineteenth century and filtered down to all levels of society, adapting to contemporary social needs.⁹⁷

Thus, the Ḥamadsha appears to have been the result of the successful blending of sub-Saharan practice with North African maraboutism. In comparison with the *zār*, the association of the spirit cult with the saints appears to have bestowed an aura of sanctity on it, making it a legitimate, i.e. Islamic, form of healing. The *zār*, in general, seems to mimic the male-dominated sufi rituals. In Egypt the *zār* cult does not seem to have been similarly grafted on to native saint worship but to have been

⁹⁵ El-Shamy, 'Mental Health in Traditional Culture', 20–1, suggests that there is a progression from the shaykh, who sells incantations and amulets and who recommends visits to saints' tombs and *dhikrs*, to the 'non-sacred magicoreligious' (?) healer when the jinn is obdurate; that is, there is a shift from seeking God's help to controlling the jinn directly, even though magic is clearly involved in the initial 'sacred' practices and God is not divorced from profane exorcisms. Nevertheless, el-Shamy contends that the shaykh or shaman, then, communicates with the possessing spirit and establishes the conditions whereby the spirit will depart, which is very similar to the *zār*, except that the jinn is not expelled in a *zār*. El-Shamy gives no evidence for his description of these matters, so that one is sceptical because such bargaining with the jinn did not take place in traditional Muslim (or Christian) exorcisms; el-Shamy seems to confuse the *zār* with exorcism on the one hand and the *dhikr* on the other, or perhaps simply reflects the confusion between them that now exists in Egypt. On the nature of the *zār* in modern Egypt, see the helpful discussion in Mayers, 'A Century of Psychiatry', 254–7.

⁹⁶ Mayers ('A Century of Psychiatry', 256) compares the *zār* to the ritual dance performed by the Anastenarides in Greece; she comments: 'Suffering from jinn is definitely less threatening to one's dignity than being labelled as "majnun" or crazy. If the *zar* fails to relieve a person and his condition worsens, it is thought that the spirit possessing him has made the person crazy or else that the person suffers from some organic defect. But as is the case among the Anasteria [*sic*], some borderline cases are always subject to negotiation.'

⁹⁷ Similarly, Lewis argues that the *wadaaddo* possession cult is a recent importation into northern Somaliland ('Spirit Possession in Northern Somaliland', 211–14).

assimilated to older practices, especially 'treating' spirit-possession, by 'old women' or itinerant healers, whom, it may be recalled, Ibn Qayyim greatly disparaged in relation to both Prophetic and Galenic medicines in the late Middle Ages. A connection with the saints in Egypt is quite tenuous.⁹⁸ The *zār*'s dubious association with the 'old women' rather than the saints seems to have been a reason for the disfavour of the cult among Muslims in the modern Middle East and also seems to account for the fact that the *zār* therapy is generally directed by and toward women. This theory of assimilation avoids the unreasonable assumption, which is made by some Western observers, that Muslim women suffer more severely than men from serious psychic disorders. The *zār* does appear, however, to have alleviated particular psychological stresses and emotional disturbances of Muslim women, who suffer generally from status deprivation.⁹⁹ The *zār* and similar possession cults appear to be relatively recent and successful adaptations, in fairly well-defined contexts, of medieval exorcism of the insane to the needs of the impotent, weak, or distressed who, unlike the insane, are consciously frustrated or thwarted by society.

It is important to bring the 'old wives' medicine' (*ṭibb ar-rukka*) out of the shadows because women are closely associated with the *zār*, on the one hand, and with older techniques of supernatural healing, especially esoteric cures and exorcisms, on the other. Medicine-women appear to have relied principally on folk beliefs and practices that were unrelated to the learned traditions of magical healing and were basically non-Muslim.¹⁰⁰ Fortunately, John Walker made available, through an abbreviated translation, a critical account of 'some superstitious practices in modern Egypt' by 'Abd ar-Raḥmān Ismā'il, an Egyptian doctor, entitled *Ṭibb ar-rukka*, which was published in Cairo in 1892-4.¹⁰¹

⁹⁸ Okasha, 'A Cultural Psychiatric Study', 1217: 'El-Zar is neither inspired by nor practised with religious motives.' One must be aware of the hostility to the *zār* in Egypt for a number of reasons; in this case, Okasha represents the opposition of the psychiatrists. What is most central to the *zār*, magic, is considered 'sacrilegious' (el-Shamy, 'Mental Health', 22-3). Mayer ('A Century of Psychiatry', 34-42 *et passim*) provides a very informative overview of the controversy provoked by the *zār* in Egypt since the late 19th cent.; moreover, she points out that the attacks on the *zār* helped legitimize the introduction of European science into Egypt.

⁹⁹ See Lewis, 'Spirit Possession in Northern Somaliland', 188-219.

¹⁰⁰ See Cnaan's categorization of the two types of practitioners in Palestine: the shaykhs/priests and the old women, the former relying on religion and the latter on experience (*Aberglaube*, 45-6). Such women were also well observed by Winifred Blackman, an Englishwoman, in Upper Egypt in the 1920s; see *The Fellahin*, 184-7, 201-17.

¹⁰¹ John Walker, trans., *Folk Medicine in Modern Egypt: Being the Relevant Parts of the 'Ṭibb al-Rukka' or 'Old Wives' Medicine' of 'Abd al-Raḥmān Ismā'il* (London, 1934). According to D. B. Macdonald (*EI*1, s.v. 'Sihr'), it 'contains much curious information on popular superstitions, especially medical; the author is a graduate of the Qaṣ al-'Ainī medical school and writes with the indignation of the qualified medical practitioner.'

Although 'Abd ar-Raḥmān considered it a 'low trade and mean occupation', his account has the advantage of being from a native point of view. He says that this trade is practised by charlatans who often disguise themselves as dervishes or learned '*ulamā*' and beguile the sick by speaking a foreign language; the success of their remedies was due either to the natural healing of illnesses or to 'the play of imagination and nervous volitional influence'. Indeed, the success of the treatments does appear to be the result of the practitioners' subtle blend of suggestion, empiricism, and personal involvement with the patient. There is considerable specialization among the 'quacks', and a wide range of illnesses are attributed to the malevolence of the jinn, from sciatica to mental disorders, but certainly not all illnesses.

'Abd ar-Raḥmān explains the term *rukka* in the following way:

Rukka in the technical terminology of the 'old wives' is a piece of wood upon which flax is shaken in order to get rid of any foreign substance that might spoil it. This was the practice in ancient times as well as today. In special circumstances, however, the word is applied to the women who are at home, whilst the men are busy in the fields. For they usually gather together of an evening to perform whatever duties their husbands or masters may have imposed on them. Then the talk goes round amongst them at those times and they boast of the success of a 'prescription', which one of them has tried upon one of her daughters, or on one of the members of her family. Hence the association of these 'prescriptions' with *rukka*, for according to the dictionary *rikka* as well as *rikāka* means 'an old woman of weak intellect'.¹⁰²

Because the older women in a family were usually in charge of the sick, particularly the children, they were the natural collectors of medical lore and experimenters with it. The 'old women' were apparently best known and sought after for their tested remedies—probably like their culinary recipes—to which were added more magically orientated, abstruse practices that were transmitted orally over generations from mother to daughter.¹⁰³

¹⁰² Walker, *Folk Medicine*, 17–18.

¹⁰³ The magical cures for madness are numerous and are largely inexplicable. For magical remedies in Persia, see Elwell-Sutton, 'Magic and the Supernatural', 195, and among the Jews in Jerusalem, see Thompson, *Semitic Magic*, 102. The abstruseness of these practices seems to be the point of Lane's definition of '*ilm ar-rukka*': 'These modes of endeavouring [i.e. charms] to obtain good, and to avoid or dispel evil, when they are not founded upon religion or magic or astrology, are termed matters of '*ilm er-rook'keh*, or the science of the distaff (that is, of the women); which designation is given to imply their absurdity, and because women are the persons who most confide in them. This term is considered, by some, as a vulgar corruption of "*ilm er-ruk'keh*", or "the science of enchantment": by others, it is supposed to be substituted for the latter term by way of a pun' (*Manners and Customs*, 1860 edn., 256).

In the discussion of amulets, the author observed that 'Whenever a person is afflicted by some hysterical weakness or nervous disease, his relatives say of him that he is certainly bewitched, or in possession of a *jinnī*.'¹⁰⁴ North Africans especially had a reputation in Egypt for their ability in casting out such spirits.¹⁰⁵ Once when 'Abd ar-Raḥmān was treating a patient with chronic meningitis, he was upstaged by a shaykh, originally from Tlemcen, who had been called in to exorcise the possessing devil that tormented the *mu'afrit*, or one possessed by an *'afrit*. The North African took incense out of his bag and threw it on to the fire, producing a suffocating smoke. The shaykh approached the patient and tied one of his big toes with a silk thread, holding the other end in his hand. He declared to everyone present: 'Verily the *jinnī* which is in the patient, is one of the children of the unbelieving kings, and he will only go out from the body by being condemned and despised and ill-treated. So it is you, who are here present, who must beat him.' The father of the patient and another man who was present took pieces of cane and beat him furiously. The exorcist encouraged their beating by saying: 'The *jinnī* is about to depart. Your sick one will soon be healed by the expulsion of this cursed son of an unbeliever who rebels against the Faith.'¹⁰⁶

An old woman often believed that a jinn was her companion and was 'like a husband to her', revealing to her knowledge of the unseen and specifically the remedies for the sick. This is not so exceptional in view of the fact that it was commonly believed that everyone had a spirit mate (*qarīn/qarīna*).¹⁰⁷ In return for a gift from those who solicited her help, the old woman 'enters a darkened chamber, locks the door securely, and remains in it for a long time. Then she returns to her clients with some drugs, which she asserts her Shaitān (or devil) has requisitioned from remote districts and distant lands by means of his "assistants". She tells them to take the medicaments because the *Jinn* (lit. the "Helpers") have brought some of them from India, and others from Sind or from the land near to the mountain of Qāf', the mountain range that surrounds the earth in Islamic cosmology. Sometimes the women are allowed to enter the darkened room to receive *baraka* of the old woman's benign *'afrit*, which utters the name of the sick person, the date of onset of the illness,

¹⁰⁴ Walker, *Folk Medicine*, 27.

¹⁰⁵ Meyerhof, 'Beiträge', 310; Padwick observed in 1923 ('Notes', 428): 'The professional magician (*arrāf*) in the Delta folk-tale is nearly always a Maghrabi. This is to say, he is not only, as is the *sheikha* (or "wise woman") somewhat outside the common life by reason of uncanny knowledge direct from supernatural sources, but he is a foreigner as well, from the western land that is for the Egyptian the home of magic.'

¹⁰⁶ Walker, *Folk Medicine*, 29-30.

¹⁰⁷ Ibid. 44-7.

and assurances of recovery. Apparently, the old woman is fully knowledgeable of the solicitor's circumstances and speaks in the voice of her *'āfrīt*.¹⁰⁸

Because of their contact with the jinn, the old women and sorcerers possessed effective spells and talismans. Consistent with the transmission of the *zār* from the south, those who practise geomancy, shell divination, and bibliomancy were also frequently from the Sudan; the sand-diviners made and sold amulets against sickness.¹⁰⁹ Some of the shell-diviners also practised healing. In one instance, 'Abd ar-Raḥmān reports the story of a mother who sought an old woman's advice about her daughter who suffered from chlorosis. The shell-diviner asserted that a jinn had fallen in love with her daughter and possessed her. The old woman requested half a pound of molten lead to exorcise the girl.¹¹⁰ This was apparently a well-known practice among the Turks, as we have already seen.

'Abd ar-Raḥmān also mentions 'the measurement of the *atr*, or vestige, which is any article of personal property, usually a handkerchief, belonging to a sick person that is taken to a magician to bring about a cure. By measuring the knotted handkerchief, the magician can predict the recovery of the patient; if the measurement is unfavourable, he may recommend a charm. 'Abd ar-Raḥmān says that this was commonly believed in by the *fellāḥīn* who sent the *atr* of the sick to the *faqīh*, usually the poor village schoolmaster with a small donation.

Whenever the *Atr* is brought to him he takes it in his two hands leaving between them a distance which he measures with his finger to begin with, then after that he begins mumbling and exorcising, while placing the *Atr* near his mouth. Then when he has finished this, he measures it a second time, and so on. Then he informs the messenger that the *Atr* has increased and that it is a prognostic of a speedy cure and a long life. Beyond this nothing will result unless by the writing of a talisman.¹¹¹

To this procedure is related the tying of knots and blowing on them, reminiscent of the Qur'ānic passage, which is often intended to cause evil; however, the *faqīh* also performed similar operations to cure colds and fevers.¹¹² The *zār* ceremony is portrayed by 'Abd ar-Raḥmān as an exclusively female activity, and atypically he says that the power of one of the Muslim saints resided in the *zār* leader, so that she could bestow his *baraka* on a client.¹¹³

¹⁰⁸ Ibid. 30-1.

¹⁰⁹ Ibid. 34-7; Meyerhof, 'Beiträge', 310.

¹¹⁰ Walker, *Folk Medicine*, 39-40.

¹¹¹ Ibid. 40-1.

¹¹² Ibid. 41-3.

¹¹³ Ibid. 62-7. See also Padwick, 'Notes', 442-5.

In the early twentieth century, the practice of supernatural healing in Egypt was commonly recognized by foreigners. According to their reports, many men and women of all classes consulted magicians for the treatment of ailments caused by magical spells. Geomancers were commonly encountered in the weekly markets, followed in popularity by herbalists who also traded in charms, amulets, and magical potions. 'Devil or demon possession has given rise to a large branch of magical art, and women exorcists are to be found in almost every village. The spell and incantations used are practiced rather for pacifying the spirits than casting them out altogether. Nearly every village boasts of men and women who practice magical arts by means of the spirit of a "holy" or wizārd ancestor, which possesses them. Sometimes such a woman will be known as a man, or *vice versa*.'¹¹⁴

It would appear that the *zār* was popular in Egypt because it was not incongruous with age-old ideas about personal spirits that accompanied a person throughout his or her lifetime and their manipulation. In the Qur'ān, every human being has two spirit-companions at his side—an angel and a demon—the one leads him to do good and the other tempts him to do evil.¹¹⁵ In Egypt, the *qarīn* (fem. *qarīna*) was considered to be one's spirit double, sometimes of the opposite sex, but distinct from the *jinn*.¹¹⁶ Everyone was also believed to have an *ukht*, or sister, and an *'afrīt* in his or her body.¹¹⁷ Moreover, there was the even more ancient Pharaonic notion of the *ka*, the human spirit or soul, that appears to have survived until modern times. The blending, if not the confusion, of these notions about the spirit population is evident in the following account of an Egyptian seer whom G. D. Hornblower met in the village of Nezlet Batran, near the Giza Pyramids, in 1927. It also affords a glimpse into what was probably the usual career of an exorcist. The diviner's chief business was to reveal hidden things, but he had gained special renown as an exorciser of evil spirits:

At his house I found people gathered from all parts of the country, even far in the south. When pursuing his wizārdry he was himself possessed of a guiding spirit, not always the same, sometimes male, sometimes female (*sheikh* or *sheikhet*), but he seems to have changed them seldom, a single one attending him for long periods. His voice changed as the spirit spoke through him; he practiced a kind of ventriloquism. A visit to an Italian spiritualist, an itinerant

¹¹⁴ Herbert E. E. Hayes, 'Islam and Magic in Egypt', *Moslem World*, 3 (1913), 401.

¹¹⁵ *Etz*, s.v. 'Karin' (D. B. Macdonald); cf. Canaan, *Dämonenglaube*, 47–9.

¹¹⁶ Samuel M. Zwemer, *Studies in Popular Islam* (London, 1939), 53–68, argues that the *qarīn/qarīna* was always a devil or malignant *jinn*.

¹¹⁷ Blackman, *The Fellahin*, 69–76, 237–8.

professional, in Cairo, had caused him to adopt the hackneyed curtain and tambourine, to him a new and desirable fashion; previously, we learnt, he set up for professional use a kind of small canvas tabernacle in the courtyard of his house, or, if visiting, his host's. Among his recent deeds of exorcism was one of special interest, the subject being the *ka* (*ukht*). A young man became subject to the attacks of a hostile spirit, causing him to fall down and roll about, striking and tearing at his clothes. He was brought to the wise-man, who, on enquiring of the spirit about its nature, learnt that it was no ordinary demon, but the patient's spirit 'sister'. She told the exorciser that the young man 'walked about waving his long hanging sleeve and turning his head from side to side'—acts which denoted excessive vanity and so enraged her that she resolved, if he did not amend, to kill him. The wise-man undertook the cure, with such success that the patient became his faithful follower and a promising candidate for seerdom: his master also had begun his career after a series of fits.¹¹⁸

At virtually the same time, Winifred Blackman witnessed in Upper Egypt the work of a number of magicians, both Christian and Muslim, who usually possessed books containing incantations, directions for the accompanying rites, and charms in the form of magic squares; formerly, this secret knowledge was transmitted orally within the family from generation to generation.¹¹⁹ The magicians' essential function was their ability to control the jinn, especially to cure the sicknesses that they have caused.¹²⁰ The following exorcism, which she reported, appears more traditional, which one would expect in Upper Egypt, and harks back to the ancient description of an exorcism by Josephus:

A young man in Upper Egypt became very angry with his wife one night while she was sitting in front of the fire cooking the evening meal. In his anger he took a pottery water-bottle (a *kulleh*) and struck her with it. In doing this he broke the bottle, and the water and some of the pieces of pottery fell into the fire, extinguishing it. The next moment he heard a voice saying to him, 'You have broken the head of one of my children, so I will come into you [i.e. possess you].' The man thereupon became mad, and began to tear his own face, and strike all those who came near him. Some of his relatives, seeing his terrible condition, proceeded to bind his hands behind his back and tie his feet together at the ankles, to prevent him doing further harm to himself or anyone else; but he continued to cry out and to speak meaningless words. His relatives took him to one doctor after another, but they could do him no good, and he continued in the same condition of violent madness.

¹¹⁸ G. D. Hornblower, 'Traces of a Ka-Belief in Modern Egypt and Old Arabia', *Islamic Culture*, 1 (1927), 426-7.

¹¹⁹ See Canaan's survey of this literature: *Aberglaube*, 32-4.

¹²⁰ Blackman, *The Fellahin*, 230-4.

At last, when he had remained in this state for three months, they went to see a certain sheikh. This man is a magician, and of a charitable character, and they begged him to cure the unfortunate man, pleading at the same time his poverty. The sheikh, who possesses . . . many books on incantations and charms . . . listened sympathetically to their pleading, and consented to visit the sufferer, but he told them that they must first bring him a small piece of one of the garments belonging to the madman. They went home and returned shortly with a piece of the material demanded, on which the sheikh wrote some magic words. After doing this he told the anxious relatives that the man was possessed by an 'afrīt, and thereupon, according to his promise, accompanied them to the madman's house.

Here he found the patient lying on the ground covered with a blanket, with his hands tied behind his back and his feet bound together at the ankles with strong cords. The sheikh then started to burn incense in a dish and to read some of the incantations from one of his books. Whereupon the madman tore asunder the cords which bound him, and began to strike out right and left. When the sheikh asked him why he behaved in this way the 'afrīt, speaking through the madman, replied, 'You have an unclean [i.e. menstuous] woman in the room.' On hearing this the sheikh was very angry, for no unclean woman must ever be present on such an occasion.¹²¹ So he ordered all the people, and there were many present, to leave the room, with the exception of a few of the man's male relatives. Crowds always collect on the slightest excuse in all Egyptian villages, offering conflicting advice at the top of their voices. On such an occasion as this of the sheikh's visit to the madman the room where the patient lay would have been packed with sympathizers and eager sightseers.

When the crowd had been banished from the room the madman became quiet, and the sheikh continued to burn incense and to recite magic sentences. The sheikh finally told the 'afrīt to leave the man, but he replied (of course speaking through the man), 'From what part of his body shall I leave him? May I come out through one of his eyes, which will then become blind, as a punishment for his breaking the head of one of my children?' The sheikh replied that he would not permit him to do this, but that he was to come out of the big toe of one foot. The sheikh then placed a *ḵulleh* on the ground, and said to the 'afrīt, 'I shall know that you have left the man if you knock over this *ḵulleh*.'

Presently, as he continued reading his incantations, the sheikh saw a few drops of blood fly from the man's big toe toward the *ḵulleh*, which was immediately flung with a crash against the wall. The madman then sat up and said, 'Where am I? And who are you?' After a while he recognized all his relatives, whom he had not known during the whole period of his madness. They asked him where he had been, to which he replied, 'I have been among the *afārīt*.'

Since that day he has been perfectly sane, and is now living happily in his native village.¹²²

¹²¹ The exorcist and apparently those attending the exorcism must be pure or ritually clean; see Zwemer, *The Influence of Animism*, 202.

¹²² Blackman, *The Fellahin*, 231-3.

Many of the features of Muslim exorcism in Egypt are to be found in the report of a healer/exorcist in Nablus in the early twentieth century: the resort to the shaykh after the failure of doctors to heal the afflicted; the use of incense, the divine names of God, and Qur'ānic verses, both verbally and written on the patient's body; the interrogation of the possessing jinn by the exorcist about his name, religion, and reason for possessing the individual; and the exorcist's adjuration of the jinn to leave the patient's body. Sometimes the jinn refused to depart from his victim's body, and the exorcist was obliged to repeat the ritual over several days. To prevent the jinn's return, the exorcist might use various techniques to injure, imprison, or kill the jinn. Moreover, the shaykh was well respected in the vicinity of Nablus, and his craft was a lucrative one.¹²³

In 1980, in an exceptional court case in Cairo, a popular healer named Abu Kaf was tried for and acquitted of 'swindling', the usual charge for those practising medicine without a licence. A medical report claimed that the man suffered from various physical and mental disorders, but he was acquitted, not on the grounds of insanity, but because of a deficiency of will (*ghayr kāmīl al-irāda*) caused by spirit possession. Abu Kaf claimed that he was able to heal others by a power communicated to him by his jinn wife. According to the newspaper reports, he had been a soldier during the 1967 War and had suffered from paralysis; the female jinn had appeared to him and offered to cure him if he would obey her. He accepted her proposal and was cured of his paralysis; subsequently, he was obliged to carry out her orders, including healing the sick. The court recognized or, rather, could not deny the possibility of Abu Kaf's healing power on the basis of Islamic law. The trial evoked a considerable response from religious and medical authorities; the doctors, especially, sought to overturn the court's decision because it appeared to legitimize unprofessional and possibly injurious treatments. The medical profession was unable to appeal the case and, thus, exert its monopolistic control over medical practice. In particular, the issue was exacerbated by the fact that Egyptian psychiatry had been strongly committed to a physiological approach since its introduction by British physicians in the late nineteenth century and was unable to accommodate alternative methods of healing. Aside from the conflict between traditional healing and modern medicine, the case of Abu Kaf vividly

¹²³ J. A. Jaussen, 'Le Cheikh Sa'ad ad-Din et les *djinn*, à Naplouse', *Palestine Oriental Society Journal*, 1-4 (1920-4), 151-7.

shows the strength of popular belief in jinn, possession, and supernatural healing.¹²⁴

Finally, recent study of the Yemenite immigration into Israel affords considerable insight into the traditional Jewish methods of the *moris*, or native wise men, in treating the insane that presumably existed in medieval Islamic societies and that are quite comparable to Muslim techniques. The Jewish Yemenī beliefs and practices also return us to the inextricable blending of magic and religion with healing.¹²⁵ The *mori*, like the Muslim shaykh, might have been a teacher, judge, religious leader, or healer, sometimes an exorcist, besides practising a trade. As medical practitioners, the *moris* encompassed a wide range of healing, from naturalistic to the magico-mystical. The minority of *moris* possessed a body of textbooks and pharmacopoeia derived from Islamic medicine, and their treatment was generally herbs and drugs. The majority believed in the evil eye and in *shedim*, or spirits, as causes of disease and particularly of mental disturbances. Consequently, their treatments were amulets and complicated rituals to expel the spirits. Intermediate between the two orientations were *moris* who used both drugs and magic, in which magic was often an accommodation to simple clients. No fee was usually requested for such medical advice, although the *mori* customarily devoted considerable personal attention to a patient.¹²⁶

In a medieval manner, most Yemenī immigrants attributed the scarcity of serious mental illness in Yemen to its healthier climate and a better regimen than in Israel. On the other hand, people were said to suffer more from the evil eye and the spirits in Yemen. As we have already seen, they were the most common forms of projection; apart from epilepsy, non-febrile mental disturbances were divided by most *moris* according to these two causes. The evil eye might produce anxiety states, depression, or impotence; the spirits might cause madness in which there were 'too many thoughts', in which the patient is 'too quiet', or 'true madness in which the patient is agitated, talks nonsense, and exhibits bizarre behavior like undressing in public'.¹²⁷ In addition, there were also other supernatural causes for mental illness: 'hot water spilled at a "bad" time or passing dirt—a garbage can, for example—at a "bad" time. The first, the third, and the fifth of each month were "bad" days. Contact with a menstruating woman was also considered an underlying cause of mental illness. And epilepsy was believed to be caused by drinking milk from a mother who had worked too hard during pregnancy.'¹²⁸

¹²⁴ Mayers, 'A Century of Psychiatry', 249–53, 257–70.

¹²⁵ See Josef Ph. Hes, 'The Changing Social Role of the Yemenite *Mori*', in *Magic, Faith and Healing*, ed. Avi Kiev (New York, 1964), 364–83.

¹²⁶ Ibid. 370–1.

¹²⁷ Ibid. 372.

¹²⁸ Ibid. 372–4.

The organically orientated *moris* would establish a diagnosis on the basis of a careful examination of the nails and the eyes of the patient and the prescription of appropriate drugs, although they did not like treating the mentally disturbed. For melancholia, opium was prescribed; for anxiety and nervousness, healthy and sweet foods as well as close personal attention; for nervousness and agitation, sedatives and a diet of *kussah* (*Cucumis sativa* L.), which was thought to be food for the brain; and for true madness, *luban schachri* (*Boswellia carteri*) or *asat musa* (*Cassia fistula*). The more magically inclined *moris* would use procedures aimed at counteracting the effects of the evil eye or expelling the evil spirits. Where nervousness and anxiety were caused by the evil eye, a magical formula, like 'Hear Israel, Adonai our God, Adonai is One', would be used. If the formula did not work, one applied *pashta* (*fashta*): one made three parallel scratches on the patient with a razor blade in order to extract some blood, then suddenly water was thrown on the patient from behind. Or one doused the unsuspecting patient with cold water in the same way and, then, gave him clean clothes and healthy, sweet food; this treatment was repeated three times. For someone who seemed to be losing his mind the treatment was to take an egg in which an embryo was hatching, burn the egg and feed it to the patient. If the condition lasted for more than two months, the only thing to do was to use *makwa*, a widespread custom; it was the application of a hot nail to the site of the illness, causing a burn and an exit for the evil spirit to leave the body. In stubborn cases of spirit possession, a complicated ritual involving metals called *rassas* was employed. Or the evil spirits could be exorcised. 'The spirits can be exorcised only by the most powerful and high-ranking healers, who are called *ba'alei hefetz* (masters of the will). They have in their possession sacred books (*sifre hefetz*). Exorcism takes place in two phases: *jidschma* (or *lijma*)—assembling the evil spirits—and *yefruk*—separation of the evil spirits from the body of the patient. The most respected and highest ranking *mori*, who is well versed in the *kabbala*, invites the master of the spirits. The master asks, "Why did you call me?" Then the *mori* replies, "I request you to command the spirit who took possession of X to leave his body immediately, If not, I will condemn all of you to eternal wandering." During this whole procedure, the *mori* must not lift his eyes, in order not to expose himself to the evil spirits.' Another method of exorcism was to lead a sheep, dove, or chicken three times around the patient, after which the *mori* whispered to the spirits: 'Masters, please have mercy upon the patient and take the sheep instead.' The sheep is, then, immediately slaughtered. One of the following two signs, reminiscent of ancient exorcisms, indicated whether

the spirit had departed from the afflicted: the breaking of a cup or the appearance of an unexpected light or fire.¹²⁹

The *moris*, like other healers in the medieval Middle East, were relatively successful in their treatment of the mentally disturbed in Yemen. They provided an opportunity for the distressed to air his difficulties and offered him support in his battle with evil forces. Obviously, the *mori* reinforced the patient's belief in these evil forces that surrounded and invaded him, but the practitioner also knew exactly how to cope with each demonic attack and to give the appropriate advice. An amulet or incantation, a burning or exorcism strengthened the projection of the evil outward by the victim; it was also a highly personalized healing in two ways. The treatment was designed and carried out especially for the patient, and the healer conveyed his own personal curative power by his writing, speaking, or acting. Naturally, suggestion was used as a therapeutic technique. One of the consequences of this type of treatment was to concretize a particularly elusive ailment and, in a sense, to act it out, rather than for the patient to suffer passively. It also disposed of antisocial aggression and permitted regression and dependence in a socially acceptable manner.¹³⁰

¹²⁹ Ibid. 375-6.

¹³⁰ Ibid. 380-1.

II

PERCEPTION: PROFANE AND SACRED

THE ROMANTIC FOOL

Profane love, when it was excessive, was commonly believed to be a form of madness. Love in the Qur'ān and romantic love in Arabic poetry, such as that of Majnūn and the 'Udhri poets generally, were strong incentives for the study of the subject by scholars in the early Islamic era. As a vital aspect of human life, love commanded the attention of philosophers and theologians, doctors and even astrologers. Its importance may be judged by Ibn Sīnā's *Treatise on Love* (*Risāla fī l-'ishq*), a philosophical work that is not incompatible with a mystical as well as a secular interpretation of love. According to Ibn Sīnā, every created thing 'possesses a natural yearning and an innate love. And it follows necessarily that in these things love is a cause of their existence.'¹

From early 'Abbāsid times, writers grappled with the subject, and two broad but overlapping areas of discussion may be distinguished in their works: sacred love and profane love. The sacred encompassed the role of love in the relationship between human beings and God and, specifically, its role in mysticism. Muslim theologians tried to answer such basic questions as whether God could love or be loved by mortals. For the mystic, love was central to his approach to God. The use of the term 'ishq, or excessive love, is itself revealing in this regard; the term was resisted by the theologians because of its carnal connotations, while it was heartily embraced by some mystics because of its sense of overwhelming power.² 'Ishq was the recognized term for the mystic's special relationship with God.³ It is preferable to discuss fully the mystic's love of God when we take up the holy fool. Nevertheless, this strictly religious understanding of love was not unrelated to love in everyday life.

¹ Frithiof Rundgren, 'Avicenna on Love: Studies in the *Risāla fī māhīyat al-'ishq*, I', *Orientalia Suecana*, 27-8 (1978-9), 53; see also Emil Fackenheim, 'A Treatise on Love by Ibn Sina', *Mediaeval Studies*, 7 (1945), 208-28; J. N. Bell, 'Avicenna's *Treatise on Love* and the Nonphilosophical Muslim Tradition', *Der Islam*, 63 (1986), 73-89.

² See al-Hujwiri, *Kashf al-mahjūb*, 310, for the controversy among sufis whether it was allowable.

³ A modern commentator distinguishes three lines of development in the concept of 'ishq: 'natural' or profane love; intellectual love—the philosophic search for supreme happiness (*as-sa'āda al-quswā*); and mystical love. Yet, he defines the notion primarily from a religious point of view; see *El2*, s.v. 'Ishk' (A. Arkoun).

What was the relationship of profane love to the sacred? Was *'ishq*, which Jāhīz defined early on as passionate love, morally acceptable to the Muslim community? If so, what was proper conduct for lovers?

Profane love was usually considered by Muslim writers from two opposing points of view. The positive view of love (*'ishq*) saw it as 'a complex and exceedingly interesting but mysterious human experience'. Furthermore, chaste love could be an ennobling power, comparable to courtly love in medieval European culture.⁴ This view shows a natural continuity with classical notions of love (especially Neoplatonic), and it was espoused, along with other qualities, as an ideal of refinement in ninth-century Baghdad and thereafter. The notion of a mad poet, such as Majnūn, did not, however, fit easily into the cultivated style, or *adab*, of the period; rather, it was the opposite of the ardent but discreet love articulated by Ibn Dā'ūd and his followers. None the less, by the tenth century the popular romance of Majnūn and Laylā was incorporated into Arabic *belles-lettres*.⁵ Subsequently, the notion of obsessive, melancholic love became a major theme of Islamic literature.

The negative view of *'ishq* considered it as a moral/religious issue; *'ishq* was equated with lust—a vulnerability that was particularly detrimental to Arab male pride—that could easily lead to a tragic end. The lesson was easily demonstrated by literary evidence, such as *Majnūn Laylā*. Moreover, such inordinate earthly desire should not be allowed to pre-empt the primacy of God in a believer's heart.⁶ The intention of most of these writers was to define what was acceptable behaviour according to scripture and to combat the perceived permissiveness of the sufis on one hand and of the genteel savants on the other. Consequently, the common fund of heterogeneous information about profane love—poetry and stories, pious traditions and maxims—was shaped by each writer according to his own particular interest. 'We see that the question of whether there are martyrs of love or not, whether or not it is lawful to

⁴ Mary F. Wack suggests that the second Latin translation (c. AD 1100), possibly by Johannes Afflacijs, entitled *Liber de heros morbo*, of the chapter on *'ishq* in Ibn al-Jazzār's *Zād al-musāfir* (see the translation of Dugat, 'Études sur le traité de médecine', 306–13—the Arabic text has never been published) made available to Western poets and their patrons 'an understanding of passionate love that linked it to the upper class through the word *heroicus* and *heros*' (Wack, 'The *Liber de heros morbo* of Johannes Afflacijs and Its Implications for Medieval Love Conventions', *Speculum*, 62 (1987), 324–44). Latin mistranslation of terms in an Arabic medical text or, more likely, the adoption of Greek transliterations do not seem very significant compared to the general ideal of social refinement (*adab*) in Islamic society, including the notion of chaste love, that was well known in Andalusia and southern Italy. On the medieval Western medical reception of 'heroic love', see Jacquart, *Sexuality and Medicine*, 84–6.

⁵ Vadet, *L'Esprit courtois*, 369–78.

⁶ L. A. Giffen, *Theory of Profane Love Among the Arabs: The Development of the Genre* (New York, 1971), 117–20, 127.

look at certain persons, whether or not falling in love is voluntary or involuntary, and whether or not the sexual relationship spoils love and ends it—and other questions—are sensitive issues upon which more is at stake than one might at first suspect.⁷

Works on profane love were usually divided into two parts; the first dealt with the nature, names, and causes of profane love and the second part with its circumstances (*aḥwāl*), primarily the psychological aspects of love.⁸ Most of the writers on profane love begin their introductory section with a discussion of the etymology and definition of the Arabic words for love, their connotations and proper usage. Although *ʿishq* is not mentioned in the Qurʾān, its evolution is a reflection of the development of early Islamic sensibilities. It appears that by the ninth century *ʿishq* referred clearly to excessive love for another person, whether male or female. Like madness, however, there was little precision in any definition because the subject was so subjective; still, a rich and nuanced vocabulary was created because of the popularity of the topic. Curiously, most of the terms for love in Arabic denote the unhappiness and pain that it causes.⁹ A frequently cited definition of love is given by the early philologist and lexicographer al-Aṣmaʿī (d. 217/831). He had travelled among the bedouin Arabs to obtain authentic linguistic information and was given the following opinion about *ʿishq*:

I asked a bedouin Arab about *ʿishq* and he said, 'It is too sublime to be seen and it is hidden from the eyes of mortals, for it is concealed in the breast like the latent fire in a flint, which when struck produces fire, this fire remaining hidden as long as it is left alone'. Some of the Arabs say, "*Ishq* is a kind of madness. Madness has its varieties and *ʿishq* is one of them."¹⁰

Following the definitions of love, many writers on profane love turned to its causes, signs, and symptoms, which they often took from philosophers and physicians, either ancient or contemporary. 'These opinions seemed to have a special fascination for the Arabs because they offered satisfying explanations, sometimes quite detailed, for phenomena otherwise mysterious and inexplicable.'¹¹ Ibn Dāʿūd al-Iṣḥāhānī (d. 297/910) was one of the first Arabic writers who quoted Greek thinkers directly on the subject; in his *Kitāb az-Zahra* he gives long excerpts from Plato, Ptolemy, Galen, and an unnamed physician.¹² A good example of the philosophic contribution to the subject is the discussion of melancholia in the pseudo-Aristotelian *Problemata* and the subsequent genre of *Problemata* from late antique Alexandria, which combined

⁷ Ibid. 80f.

¹⁰ Quoted *ibid.* 64.

⁸ Ibid. 58 ff., 67 ff.

¹¹ Ibid. 64.

⁹ Ibid. 93.

¹² Ibid. 12 f., 53.

Galenism and Aristotelianism. Love was understood to arise in the heart—not the brain—and lovesickness was explained by the burning of the humours. The body created an excess of black bile, which impaired the mind and might cause madness, suicide, or death.¹³ Love was used to explain the somatic consequences of human emotions. 'These discussions, which made use of humoral reasoning but operated on a more popular level, provided evidence for the psychogenic interpretation that can first be observed, with regard to melancholy, only in the first century AD with Aretaeus of Cappadocia. We find, for instance, in the Alexandrian *Problemata Physica*, grief, love and rage offered as explanations of the deep sighs of those suffering from these emotions, and love again as the reason for the alternating heating and cooling of the lover's extremities.'¹⁴

The medical descriptions of *'ishq* were accessible to Ibn Dā'ūd and later authors because of the translation of Greek medical texts into Arabic from the early ninth century; in these textbooks the subject of lovesickness was a common subject. The difficulty of a medical diagnosis and treatment of an enervated and depressed young man or woman who suffered from lovesickness can even be found in ancient Egyptian literature. In the Greek and Latin sources, the physician's diagnosis of the lovesick by the pulse also became a common theme.¹⁵

In Islamic medicine, diagnosis by the pulse was a familiar topos. For example, in a treatise by as-Sulamī (d. AD 1208) on the examination of physicians (either by patients or other physicians), a doctor was normally expected to be able to deduce the name of the beloved from the patient's pulse.¹⁶ And Galen's skill at diagnosing lovesickness by the pulse was a predictable attribute of most of the renowned Islamic doctors.¹⁷ Because of the human interest in the subject, it is not surprising that passionate love was used metaphorically by non-medical, popular writers. The practice of pulse-diagnosis was employed with

¹³ Hans H. Biesterfeldt and Dimitri Gutas, 'The Malady of Love', *JAOS*, 104 (1984), 21–55. Despite the erudition of this article, it is difficult to accept their contention that their gnomic text presents 'the most systematic and consistent account of the malady of love given in humoral medicine' (p. 55); also, the neglect of the text in Byzantine and Islamic medicine is easily explained by its non-somatic approach.

¹⁴ Biesterfeldt and Gutas, 'The Malady', 22. The psychogenic aspect of melancholia was already observed by Rufus in the 1st cent.

¹⁵ See Darrell W. Amundsen, 'Romanticizing the Ancient Medical Profession: The Characterization of the Physician in the Graeco-Roman Novel', *BHM*, 48 (1974), 328–37.

¹⁶ *Imtiḥān al-aṭibbā'*, trans. Gary Leiser, fo. 5b.

¹⁷ See Browne, *Arabian Medicine*, 84–8; Richard Walzer, 'Aristotle, Galen, and Palladius on Love', in his *Greek into Arabic: Essays on Islamic Philosophy* (Oriental Studies, 1; Oxford, 1962), 51; Bürgel, 'Psychosomatic Methods', 165–6; Amundsen, 'Romanticizing the Ancient Medical Profession', 333–7.

considerable effect by the great mystical poet Jalāl ad-Dīn Rūmī in the mid-thirteenth century in one of his allegorical stories.¹⁸

A description of the progressive physiological effects of lovesickness is given in a pseudo-Galenic text that was known to Islamic doctors from the ninth century:

Love is one of the activities of the soul. The soul has its seat in the brain, in the heart, and in the liver. There are three dwelling places in the brain: imagining in the front part, thinking in the middle, and remembering in the rear part. A person can be said to be in love in the full sense of the term only if, should his lover leave him, his imagination, his thought, his memory, his heart, and his liver are preoccupied with the lover, so that he can neither eat nor drink because his liver is too busy, nor can he sleep because his brain is too busy imagining [him], thinking about him, and remembering him. All the dwelling places of the soul are thus [fully] occupied with him; (when, however, at the time of separation [from his lover], the soul is not [thus] occupied, then he is not in love). When he meets him, these dwelling places are no longer preoccupied.¹⁹

Ar-Rāzī had stated, for example, that ambitious people do not usually fall in love; if they did, they get over it quickly because it humiliates them—only coarse people like the bedouin are victims of this malady. Ar-Rāzī's remedy for lovesickness was to wean oneself away from seeing the beloved, remembering that ultimately death separates all lovers. Physical love should not be allowed to become a strong psychological attachment; the only alternative is to undertake some other valuable goal in life.²⁰ Subsequently, as we have seen in Ibn Sīnā's *Qānūn*, 'ishq became a standard topic in Islamic medical textbooks alongside of other mental disorders.²¹ Nevertheless, the medical view of 'ishq as a mental illness raised the question for the pious of whether lovesickness freed the lover from responsibility for his behaviour like the madman.²² In general, the medical interpretation of 'ishq was especially welcome to those writers who wished to discredit or discourage passionate love.²³

The second part of most of the monographs on profane love was devoted to poetry, pious traditions, and stories about love that illustrated

¹⁸ Cf. Browne, *Arabian Medicine*, 87 f.

¹⁹ Biesterfeldt and Gutas, 'The Malady', 23 n. 22.

²⁰ Rahman, *Health and Medicine*, 97.

²¹ See also Ibn al-Jazzār's (d. 369/980) popular viaticum entitled *Zād al-musāfir wa-qūt al-bādir*; see Dugat, 'Études sur le traité de médecine', 306–13, 340–2. Consequently, the following observation by Biesterfeldt and Gutas seems mistaken: 'It appears that neither in Greek nor in Arabic medical literature love-sickness ever acquired a regular place furnished with the kind of systematic treatment that characterizes that of melancholy . . .' ('The Malady', 22).

²² See Biesterfeldt and Gutas, 'The Malady', 23.

²³ Giffen, *Theory of Profane Love*, 64 ff. Walzer, 'Aristotle, Galen, and Palladius', 52 f.

the circumstances or consequences of love. The authors were able to draw on a very rich reservoir of expository literature about the subject.²⁴ Most of the works were simply anthologies of this material, which was governed by the authors' point of view about 'ishq. The *Maṣā'irī al-'ushshāq* by as-Sarrāj (d. 500/1106) is such an anthology, from which later authors borrowed freely, and it greatly popularized the theme that the consequences of passionate love were tragic. 'The word *maṣā'irī*' (broken pl. of *maṣra'*, verbal noun of the root *s-r-*) comes from a root which has the connotation of "throwing down to the ground". From this derive the meanings "to fall down in an epileptic fit", "to go mad", or "to be killed in battle". The word is particularly appropriate in the title of this book, for it embraces almost all the afflictions described in its pages: the lovers faint, fall down in a spasm of rapture or painful longing, never to regain consciousness, or they go mad.²⁵ By the later Middle Ages, 'ishq was conventionally considered to be a medical topic, which is evidenced by the edition of as-Sarrāj's popular work by al-Anṭākī, a well-known sixteenth-century physician, which was frequently reprinted in the nineteenth century.²⁶

The most hostile treatment of passionate love was by Ibn al-Jawzī (d. 597/1200), who greatly influenced later writers, especially Ibn Qayyim al-Jawzīya. In his *Dhamm al-hawā*, Ibn al-Jawzī 'expounded the evils and dangers of passionate cravings for anything and unbridled sexual lust in particular'.²⁷ In glowing terms, the passionate lover is always tragically driven to fornication, incest, murder, suicide, or madness. Ibn al-Jawzī's work is a good example of the Muslim scripturalist with a strong interest in morality. Despite his inconsistency, Ibn al-Jawzī was fighting the interpretations given to love by the libertine secularists on one side and the Neoplatonic sufis on the other.²⁸ A major portion of the treatise is devoted to 'ishq. At the beginning of his discussion on the essence (*māhīya*) of 'ishq, Ibn al-Jawzī says, among other things, that there is general agreement that it is madness according to a saying attributed to Socrates; this reference is obviously a remnant of the notion that love is one of the four forms of 'divine madness'. Furthermore, Ibn al-Jawzī is probably referring to Ibn Sīnā's discussion of 'ishq in the *Qānūn* when

²⁴ Bell, *Love Theory*, 3 ff., 6.

²⁵ Giffen, *Theory of Profane Love*, 108. Epilepsy and passionate love are directly connected in the case of Ja'far ibn al-Mansūr, who claimed to love a female jinn; he sought to marry her and brought together the enchanters who had made him false promises. As a result of his excessive passion for this woman of his dreams, he suffered epileptic attacks several times a day until he died (Abū l-Faraj al-Isfahānī, *al-Aghānī*, xii. 85-6).

²⁶ See *Elz*, s.v. 'al-Anṭākī' (C. Brockelmann-J. Vernet).

²⁷ Giffen, *Theory of Profane Love*, 28.

²⁸ Bell, *Love Theory*, 10, 42.

he says that it is a delusionary disease similar to melancholia.²⁹ Relying on an affinity between the personalities of the two lovers, *'ishq* is made possible, according to Ibn al-Jawzī, by gazing (*naẓar*) at the beloved and by listening to amatory poetry and song. Unlike other forms of love, however, *'ishq* is condemned by Ibn al-Jawzī: it 'exceeds the limit of mere inclination and [normal] love and by possessing the reason causes its victim to act unwisely, is blameworthy and ought to be avoided by the prudent'.³⁰ Following this introduction to *'ishq*, most of the *Dhamm al-hawā* is devoted to an anthology of accounts that tell the disasters that passionate love creates.³¹ Altogether, one should avoid the causes of romantic love, especially the free association with women and their temptations; the example of Majnūn and Laylā should serve as a striking reminder. A number of remedies are offered for someone stricken by *'ishq*, but the cure of genuine love-madness was impossible.³²

Thus, *'ishq* could be at the same time, a moral issue, a religious goal, a social ideal, and a medical problem. In the everyday world, passionate love was surely not misdiagnosed as a chronic illness, although it might share some of the characteristics of insanity. A good example of this discrimination is the story that Ibn Hazm tells about someone who was stricken by lovesickness:

I was seated one day at Almeria, with a knot of other people, in the shop of Isma'il ibn Yunus, the Hebrew physician who was also a shrewd and clever physiognomist. Mujahid ibn al-Hasin al-Qaisi said to him, pointing to a certain man named Hatim—he was familiarly known as Abu 'l-Baqā—who was withdrawn apart from the rest of us, 'What do you say about this man?' He looked at him for a brief moment, and then said, 'He is passionately in love.' Mujahid exclaimed, 'You are right; what made you say this?' Isma'il answered, 'Because of an extreme confusion apparent in his face. Simply that; otherwise all the rest of his movements are unremarkable. I knew from this that he is in love, and not suffering from any mental disorder.'³³

²⁹ Ibid. 35.

³⁰ Quoted ibid. 37.

³¹ As Bell points out (ibid. 38), the first of these stories defends the idea of the 'martyrs for love' that later Hanbalism rejected, as seen in the discussion of Ibn Qayyim.

³² Ibid. 38.

³³ Ibn Hazm, *The Ring of the Dove*, 45.

(A) MAJNŪN AND LAYLĀ

Though this be madness, yet there is method in't.

(*Hamlet*, II. ii)

The romance of *Majnūn Laylā*, or *The Madman of Laylā*, is as famous in the Islamic East as *Romeo and Juliet* in the West, but unlike Shakespeare's masterpiece, the love story of Majnūn and Laylā has been frequently reworked and reinterpreted by oriental poets until modern times. The central theme of the story is the passionate but chaste love of a young man named Qays, nicknamed Majnūn, for Laylā that drives him mad. Still, Qays is able to compose beautiful love poetry.

The story of Qays and Laylā is a legend; that is, an unauthenticated narrative, embroidered with historical material and popularly deemed to be historical. The love story in the ancient Arabic versions is quite simple. The only major discrepancy is about how Majnūn initially meets Laylā. One account says that they grew up together, tending their families' flocks on a mountain called at-Tawbād. According to another tradition, Qays as a young man meets Laylā accidentally among a group of women.³⁴ In either case, our hero falls passionately in love with her. Eventually, he seeks to marry Laylā, but her family rejects him and marries her to another man. In pain and frustration, Qays completely loses his reason. Various attempts are made to cure him, but they are unsuccessful. In lucid moments, Qays composes poetry about Laylā and his love for her. Before she dies, Qays sees Laylā on only one further occasion.

It is quite likely that there is a kernel of historical truth in the romance: an Arab poet probably did exist and compose such poetry in the late seventh century AD.³⁵ According to a remark in a tenth-century collection of Arabic literature, the originator was a young Umayyad who, using the pseudonym of Majnūn, created the legend in order to present verses about his unhappy love for his cousin.³⁶ There is no corroborative evidence for such an anonymous poet. Yet, the customary inclusion in the legend of the episode involving Nawfal ibn Musāḥiq, a well-known historical figure who was governor of Medina in 83/702, strongly

³⁴ See the discussion by André Miquel and Percy Kemp in their *Majnūn et Laylā: L'Amour fou* (Paris, 1984), 20–3.

³⁵ I. J. Krachkovskij, 'Die Frühgeschichte der Erzählung von Macnūn und Lailā in der arabischen Literatur', trans. and commentary by H. Ritter, *Oriens*, 8 (1955), 1–50; Miquel and Kemp, *Majnūn et Laylā*, 19.

³⁶ Abu l-Faraj al-Isfahānī, *al-Aghānī*, II. 7, 10.

suggests that the romance came into existence about this time. In any event, the legend certainly took shape in the late seventh–early eighth century in the new Muslim cities of Baṣra and Kūfa, where the cultural heritage of the Arab kingdom was cultivated and recorded.

From another point of view, it has been argued that the Majnūn legend resulted from the competition between the northern and southern Arabs in the early Islamic era. The southern Arabs had a well-established type of poetry known as ‘Udhri’ that praised chaste and idealized love like that of the medieval Western troubadours.³⁷ The most famous representative of this tradition was the seventh-century poet Jamil al-‘Udhri (d. 82/701), who had been inflamed with love for his fellow tribeswoman Bathna, but her parents refused him and married her to someone else. Despite his unhappiness, he extolled the purity of love, the worship of the beloved, and the virtue of the lover’s self-denial and suffering.³⁸ In response to this popular poet, the northern Arabs, represented by the tribe of ‘Amir ibn Ṣaṣa’a, may have created the even more famous poet, Qays ibn al-Mulawwah or Majnūn, as a member of their tribe, who was even more unhappy than Jamil in his love affair.³⁹ Even if this rivalry between northern and southern Arabs were not significant, there was clearly a strong Arabian tradition of ‘courtly love’ into which the romance of Majnūn and Laylā easily fits.

The story itself is not a continuous narrative in Arabic; rather, it is told through a mosaic of independent reports that are often repetitive and sometimes contradictory. These reports usually cite their oral or written sources and, then, give episodes in Majnūn’s life interwoven with his poetry. These episodic fragments were collected from the late eighth century AD and were added to continually in the medieval period.⁴⁰ Besides the poetry that was interspersed among these anecdotes, many verses were handed down separately, but it is unlikely that much of this poetry was actually Majnūn’s. Verses were often attributed to Majnūn because of similarity to his style and sentiment or simply because they mentioned Laylā.⁴¹ During the early ‘Abbāsid period, the romance was very popular, and numerous verses of Majnūn’s poetry were set to music. Majnūn attracted the attention of writers on love theory, as we have seen, and his verses were eventually included in poetic anthologies

³⁷ EI1, s.v. ‘Udhra’ (G. Levi Della Vida) and ‘Udhri’ (L. Massignon).

³⁸ EI2, s.v. ‘Djamīl b. ‘Abd Allāh b. Ma‘mar al-‘Udhri’ (F. Gabrieli).

³⁹ EI2, s.v. ‘Majnūn Laylā’ (Ch. Pellat); see also Füzûlî, *Leylā and Mejnūn*, trans. Sofi Huri and intro. by Alessio Bombaci (London, 1970), 60.

⁴⁰ e.g. ‘Uqalā’, Najaf edn., 52–8.

⁴¹ Füzûlî, *Leylā and Mejnūn*, 54. Many of Majnūn’s poems have been conveniently translated by André Miquel in his *Majnūn. L’amour poème* (Paris, 1984).

of poet-lovers and 'martyrs of love'.⁴² The figure of Majnūn was also attractive to mystics, beginning perhaps with ash-Shiblī, because Majnūn's rapture was analogous to their ecstatic states.

During the early 'Abbāsīd period, traditional Arab values were being challenged by other cultures as well as by increasing Arab sophistication. The amber-like preservation of the story's fragments in the form of *ḥadīth*, like the sayings of the Prophet, and the unwillingness to create a coherent narrative of *Majnūn Laylā* in Arabic appear to reinforce the view that the legend was intended to enshrine a pristine past, comparable to the *sunna* of the Prophet.

The episodic nature of the legend was originally due to the oral tradition of Arabic poetry. The earliest extant version of the romance is to be found in an anthology of Ibn Qutayba (d. AD 889), who collected the works of major Arab poets. His presentation of these episodes that make up the Majnūn legend seems to reflect various stages in the recitation of the poetry by popular *rāwīs*, or story-tellers. They were probably responsible for the legend's development, dissemination, and success. Curiously, the *rāwīs* seem to have done far more in this instance than simply develop a romance. The legend is essentially about a *rāwī* and his art, and his life is usually related by other story-tellers. The story may be seen, then, in part, as a tribute to the Arab poet, his work, and its recital. While Majnūn has usually been interpreted as the perfect lover, the ideal mystic, or even as a revolutionary, it is his role as a consummate poet that is paramount. Such a view explains the legend most fully—from Majnūn's rejection of Arab tradition by openly singing his love for Laylā to his final lament at her tomb. Ultimately the song was more important than its object.⁴³

Taking these unstrung poetic pearls—to use a common Arab metaphor—the Persian poet Nizāmī threaded the episodes of Laylā and Majnūn into a single narrative poem in 548/1188. Nizāmī composed the *Mathnawī Laylī u Majnūn* for his patron Shirwān-Shāh Akhsitān; it was the third part of a set of five long poems known as the *Khamṣa*. Preserving the outline of the romance, he retained the prominent episodes and added a number of his own invention. Inevitably, Nizāmī modified considerably the form and content of the legend. Most importantly, the Arabic love-story was not specifically related to mysticism,⁴⁴ despite the recent promotion of this interpretation by As'ad

⁴² Füzûlî, *Leylā and Mejnūn*, 48 f.

⁴³ Miquel and Kemp, *Majnūn et Laylā*, 166–74, 182–4.

⁴⁴ Ibid. 26, 139 f.; Füzûlî, *Leylā and Mejnūn*, 60–3.

Khairallah,⁴⁵ nor were the early Persian versions of the story, although sufis had used it as an exemplum from the ninth century.⁴⁶

Thus, Niẓāmī did not invest the love story with a mystical significance. Majnūn's passion and madness were ultimately negative. 'Niẓāmī's retelling of the story of Laylī and Majnūn reveals the destructive aspects of love's power and poses fundamental moral questions concerning the lover's conduct of his quest and his definition of its object; for, in this romance, all who are touched by Majnūn's passion are either altered or destroyed by it. . . . Majnūn's passion, like a consuming flame, feeds on itself and seeks to destroy everything in its path; for, like the raging fire to which it is repeatedly likened, it knows no bounds, no limits, and is beyond control.'⁴⁷ Niẓāmī is also didactic; aside from the various aspects of love, he expatiates on such themes as asceticism and fate, life's vanities and death. In general, he pays greater attention to the character of Laylī than is found in the Arabic legend, but Majnūn is still the centre of focus. Despite our interest in the madness of Majnūn, Niẓāmī stresses Majnūn's extraordinary love and poetic ability.

Niẓāmī's *Laylī u Majnūn* was widely imitated wherever Persian culture spread, which was most of the Islamic world. The later poets borrowed heavily from his work and usually changed only some of the episodes. The most important feature of these later works *was* the mystical rendering of the romance, which undoubtedly reached its fullest expression in Jāmī's presentation of the romance as an allegory that he wrote in 889/1484. In short, Majnūn becomes a saint and his beloved becomes God. Still, Niẓāmī's poem remained extremely popular, and it

⁴⁵ *Love, Madness, and Poetry: An Interpretation of the Majnūn Legend* (Beirut: Texte und Studien, 25; Beirut-Wiesbaden, 1980); idem, 'Collective Composition and the Collector's Art: Observations on the Dīwān of Majnūn Lailā', in *La Signification du bas moyen âge dans l'histoire et la culture du monde musulmane*, Actes du 8^{ème} congrès de l'union européenne des arabisants et islamisants, Aix-en-Provence, Sept. 1976 (Aix-en-Provence, 1978), 117-25. Following Ritter's lead in his commentary to Krachkovskij's article, Khairallah's major thesis is that the Arabic legend was intended to be understood in a mystic sense (*Love, Madness, and Poetry*, 2 *et passim*). An esoteric interpretation is possible for any serious poetry, and one is easily accused of insensitivity when one does not accept that view; yet, there is little indication of mysticism in the Arabic *Majnūn Laylā*, or at least Khairallah is not persuasive. Moreover, his view of sanity/madness in medieval Islamic society is simplistic, which itself leads to erroneous conclusions (see *ibid.* 20). Finally, it is difficult to understand how the author of this study that was published in 1980 could have been unaware of the Parry-Lord theory of oral poetry (*ibid.* 6-8). It is quite unfortunate that Khairallah did not take this opportunity to subject the relevant Arabic poetry to thorough examination, perhaps along the lines suggested by Michael Zwettler (*The Oral Tradition of Classical Arabic Poetry: Its Character and Implications* (Columbus, Ohio, 1978)), to substantiate the claim, which I believe is correct, that the Arabic legend grew out of an oral tradition (27-30). See also the review of *Love, Madness, and Poetry* by Julie S. Meisami in *Edebiyat*, 4 (1979), 277-86.

⁴⁶ Krachkovskij, 'Die Frühgeschichte der Erzählung', 49 f.

⁴⁷ Julie S. Meisami, *Medieval Persian Court Poetry* (Princeton, NJ, 1987), 158-60.

was frequently the subject of Persian miniature painting from the fifteenth century.⁴⁸

Inspired by Nizāmī, the Majnūn–Laylā legend was also very popular with Turkish poets until modern times.⁴⁹ Perhaps the most successful adaptation of the story was by Füzûlî in 942/1535–6.⁵⁰ In the East, the Persian versions of the romance entered Urdu literature. Laylā and Majnūn are frequently referred to in Urdu, and narrative poems have been devoted to the story. Since the late nineteenth century and the advent of Western literary styles, the love-story has been used in Urdu drama, as it has in Arabic.⁵¹ The most successful dramatic presentation of the legend is probably the play of Ahmad Shawki (d. 1932), which combines the beauty of ancient Arabic poetry with modern Arab self-awareness.⁵²

The story of Laylā and Majnūn according to Nizāmī begins, after a long preamble, with Majnūn's father, who was the chief of the Banu 'Amir in Arabia.⁵³ Although he was rich and powerful, generous and pious, he had no son; he prayed to God for a boy, and God eventually gave him a son whom he named Qays. Qays was clever, eloquent, and handsome, and he was sent to school with the children of other noble families. Qays was particularly impressed by a beautiful, dark-haired girl named Laylā, and they quickly fell in love with one another. They were happy but indiscreet; they were often together, which led to jealousy and envy by others. The two became alarmed and tried to be cautious, but Qays found it impossible to be patient. His behaviour became increasingly erratic; he would wander around the town obviously depressed and ignoring everyone, but at other times he would be exhilarated, reciting melancholic poems about his love for Laylā. Qays was accused of being mad and his poetry excessive, so that it brought dishonour on Laylā and her tribe. Consequently, Laylā was confined to her home and was not allowed to see Qays.

⁴⁸ See Miquel and Kemp, *Majnūn et Laylā*, 119–28; *EI2*, s.v. 'Madjnūn Laylā' (J. T. P. De Bruijn).

⁴⁹ *EI2*, s.v. 'Madjnūn Laylā' (B. Flemming).

⁵⁰ Füzûlî, *Leylā and Mejnūn*. See also Hamide Demirel, 'The Love Story of Laylā wa Majnūn', *Doğu Dilleri*, 2 (1975), 191–202. Demirel interprets Füzûlî's version as an inevitable conflict between the good intentions of good men, but it seems very doubtful the 'the *leitmotif* of the whole story is the mental state of not knowing one's wishes, the loss of desire's value when the desire is attained, and the ultimate meaninglessness of union' (pp. 200–1).

⁵¹ *EI2*, s.v. 'Madjnūn Laylā' (J. A. Haywood).

⁵² Ahmad Shawki, *Majnūn Laylā*, trans. Arthur J. Arberry (Cairo, 1933).

⁵³ See Nizāmī, *Laylā wa Majnūn*, ed. Waḥid Dastgardi (Tehran, 1333/1954). Even with a single version of the story, as with Nizāmī's, there are uncertainties about the text because of the possibility of later additions; Dastgardi has questioned the authenticity of many parts of the romance.

Qays became increasingly disturbed, roaming in the desert, and visiting Laylā's tent at night where he kissed its threshold and recited his poems to her. Her tribe moved to the Najd, and Qays followed them. His secret visits became known to her family and incensed them, so that they were even more anxious to protect her. At the same time, Qays' father and friends tried to rescue him from his madness and the tribe's dishonour, but they could not persuade him to return home. His father asked the advice of the elders of the tribe, and it was decided to try to arrange a marriage between Qays and Laylā. Qays' father was well received and feasted by Laylā's father, but he refused to accept Majnūn as his son-in-law. After this failure, Qays was brought back to his family, and they tried various measures to cure him, but the attempts only increased his despair. Distraught, he broke his fetters and ran back to the wilderness.

Still hoping to cure his son, Qays' father took him to Mecca during Ramaḍān. Majnūn rushed to the door of the Ka'ba, hammered on it and, instead of praying for the return of his senses as expected, he asked God to increase and sustain his love for Laylā. (See Plate 5.) There was no remedy for this 'lover's burning brain'. At the same time, Laylā's kinsmen were angry and bitter about Qays' embarrassing attention to Laylā. They sent emissaries to the caliph's governor and complained about him. Not only did he roam around like a madman, but he composed poetry that was so good that people sought to learn and recite it. Because Qays' behaviour broke accepted custom and decency, the governor gave permission to Laylā's tribe to kill him. Hearing of Qays' danger, his father again persuaded him to come home, where he was nursed, but Qays found no comfort and returned to the desert. He continued to sing his songs, and many people came to visit him in order to obtain his poetry.

Nizāmī and later poets relate a number of romantic episodes that depict Majnūn's intense love for Laylā. One such incident occurs when Majnūn sees a gardener cutting down a cypress tree—a traditional symbol for a handsome man or woman, or death. Majnūn urges him to stop because the tree was shaped like Laylā; it should be free, and the gardener left it to bloom. There are also a number of exchanges between Majnūn and Laylā. She had grown more beautiful but still grieved for Qays. She heard his poems being recited and secretly collected and memorized them. She composed responses to Qays' poetry and wrote them on paper, which she entrusted to the wind. They were often found and taken to Majnūn, who answered them immediately. One day in the springtime Laylā was in her garden and heard someone singing one of

Majnūn's songs. Her female companions noticed that Laylā was crying and told her mother, who did nothing because she feared for Laylā's sanity. On the same day, a young nobleman Ibn Salām saw Laylā and became infatuated. He asked to marry her, but Laylā's parents delayed.

Majnūn had become a recluse in the desert—his frame wasted and his hair overgrown; he looked like an animal. He lived in an area that was ruled by a bedouin prince named Nawfal, a formidable warrior but a kind and generous man. When the prince was out hunting one day, he encountered antelopes huddled together around a figure in a cave. He was told that it was Majnūn and who he was. Nawfal was sympathetic to Majnūn's plight, so he set up his camp nearby and invited Majnūn to dine with him. At first Majnūn would neither speak nor eat. When Nawfal mentioned Laylā's name, Majnūn became animated; he ate and drank, and he began to sing spontaneously his love-songs. Nawfal swore to win Laylā for him if he would tame his madness. During the next few days, Majnūn reverted to his old self but was impatient for Nawfal to act on his behalf. Eventually, they went to Laylā's tribe, and Nawfal demanded Laylā for Qays. When they refused, Nawfal threatened to attack, but they again refused. A fierce battle ensued, which greatly confused Qays, who suffered for both sides; he threw himself into the middle of the fray, crying for peace. At one point, he rejoiced for a brief success of the enemy, which Nawfal's men witnessed. The fighting was indecisive, and on the following morning, Nawfal asked for a truce because reinforcements had strengthened Laylā's tribe. The truce was agreed upon, but the fighting had only succeeded in making greater enemies of Laylā's tribe. Majnūn accused Nawfal of betraying him, although Nawfal promised to fight again when he had a larger army. In a few days, he assembled it and the battle was renewed. Nawfal won, and when Laylā's tribe sued for peace, Nawfal asked only for Laylā. Her father still refused to marry her to a madman, who was worse than a dog; he pledged he would kill her before turning her over to Majnūn. Nawfal's men complained that Majnūn had taken the enemy's side during the fighting and was indeed mad, which supported the claim of Laylā's father. Finally, Nawfal accepted the father's plea and did not receive Laylā. Majnūn was bitterly disappointed; he upbraided Nawfal and, then, retreated to the desert wilderness once again.

In the quiet of the desert, Majnūn one day saw two gazelles that had been trapped by a hunter; the beauty of the gazelles strongly reminded Majnūn of Laylā. Therefore, Majnūn gave the trapper his fine horse and clothing in exchange for the animals. He freed them and they darted away. He freed other animals, and they became his constant companions.

On another occasion, an old woman, leading a man in chains, appeared before Majnūn. She explained that she was a widow and her companion was a dervish; they hoped that people would think the man was mad and would give them food and alms. Majnūn offered to take his place as a real madman and to give her all the charity. Accepting his offer, she freed the dervish and put Majnūn in chains. (See Plate 6.) ‘Whenever the woman and her prisoner came to a tent, they stopped; Majnūn recited his love poems, cried out “Layla . . . Layla . . .”, banged head and body against the stones, and, in spite of his chains, danced around like a drunken madman, while the woman punished him. One day they came to an oasis where a few tents had been erected. Looking at them more closely, Majnūn suddenly recognized Layla’s tent among them. Tears began to stream from his eyes like floods of rainwater pouring from the clouds in spring. He collapsed, hit his head against the ground and called out: “You have left me to myself, sharing with me nothing but your grief . . .”.’⁵⁴ Majnūn then tore apart his chains and fled back into the Najd.

In the meantime, Laylā was married to Ibn Salām by her parents although she was still in love with Majnūn. She refused to share his bed. Yet, because he truly loved her, he was unable to force his will on her. About a year later a stranger brought the news to Majnūn. He taunted Majnūn with the faithlessness of women, and Majnūn became so upset that he lost consciousness. Eventually, the stranger confessed that he had lied and that Laylā had remained loyal to Majnūn. His old father also came to visit him in his cave and found that his son looked like a demoniac. He pleaded with Majnūn to return home with him, but his son refused. The father left despondently and soon died. When Majnūn heard of his father’s death, he rushed to his tomb in grief.

Majnūn, a hermit in the desert, had befriended the fierce animals, so that they did not attack him or each other. They protected Majnūn, who became virtually king of his animal kingdom, a Solomon of the desert. He dreamt, and he spoke to God, the stars, and the planets. Laylā and he exchanged letters about the marriage; she tried to explain it and profess her love for him, and he tried to excuse her actions. Majnūn’s uncle, Salīm, came to visit him and saw what an ascetic life he led, eating only grasses and herbs. (See Plate 7.) He promised his nephew to bring his mother to see him, and he did return with her, but Majnūn refused to go home with them. After they left, Salīm came back for a third time with food and clothing and told Majnūn that his mother had died. Majnūn

⁵⁴ Quoted in R. Milstein, *Islamic Painting in the Israel Museum* (Jerusalem, 1984), 29.

went to her tomb beside his father's and lamented the pain that he had caused them.

In order to meet Majnūn, Laylā turned to a seer to arrange a secret rendezvous; it was supposed to take place in a palm-grove near Laylā's dwelling and Majnūn was to recite his poetry. When all was ready, the seer went to Laylā and told her that he was in the garden. They were both afraid; Majnūn simply delivered his song and fled back into the desert.

Another visitor to Majnūn was a young man named Salam from Baghdad, where Majnūn's fame had already reached. Salam was recovering from an unsuccessful love-affair and sought to be Majnūn's disciple or companion. He brought food and wine and set out to collect all of Majnūn's poetry. It quickly became apparent that Salam was not suited for a solitary life; because he did not know genuine love, he could not bear the rigours that it entailed.

Ibn Salām, Laylā's husband, died, and Laylā mourned, but it was actually for Majnūn. Zayd, whose love for his cousin Zaynab is contrasted with Majnūn's love for Laylā, carried the news to Majnūn. Laylā observed the traditional mourning for two years and, then, went back to her father's household. At the end of this period, she sent Zayd to bring Majnūn to see her. When they met, they were speechless; they chastely embraced, but Majnūn fled. Subsequently, when Laylā was about to die, she told her mother about her deep love for Majnūn, and she requested that she be clothed as a bride at her burial, waiting for her beloved.

At Laylā's death, Zayd took the news to Majnūn, who first fainted and, then, flew to her tomb. Madder than ever, he tried to leave but kept returning to the burial-place. The animals followed him and kept watch over him. His uncle attempted to console him but was unsuccessful. The animals did not allow anyone to come near Majnūn and Laylā; he recited his love poetry to her and died at the tomb. After some time, the animals left, and people found his remains, which they buried alongside of Laylā. Finally, Zayd, in a dream, saw Laylā and Majnūn united in paradise.

Despite the refined interpretation that Nizāmī gives to the story of Laylā and Majnūn, the legend can be looked at from a mundane point of view. What does the love-story tell us about the popular perception of madness? Before asking that question, can we be confident that the romance is a genuine reflection of social attitudes? It seems that the portrayal of Qays' madness in the Arabic legend, which is found mostly in the *akhbar*, or biographical introductions to his poetry, can be trusted because the details of his madness were just those points that were used

to give verisimilitude to the poet/lover. Furthermore, the poetry largely retains the ambiguity and uncertainty about what madness is, especially love-madness. It appears that the authors of the Arabic versions of the story were forced to rely, particularly in its oral stage, on easily recognizable characteristics of madness and commonly shared attitudes toward the insane. 'By providing the story with some stereotyped elements of mad behavior, the physical descriptions reinforce the mimetic and realistic side of the narrative and bring it closer to the popular imagination. Moreover, the physical condition of Majnūn becomes his distinguishing mark as an incarnation of the love-mad poet, and in contrast to other heroes of the same type of romance.'⁵⁵

Aside from uncertainties about Majnūn's name,⁵⁶ his madness, and the authenticity of some of his poetry, Ibn Qutayba presents, in his anthology of poetry by the major poets, the basic elements of the Arabic legend:

A sheikh of the Murra tribe travelled out to the 'Amir land to meet Majnūn. 'They directed me to a tent,' he said, 'so I went to it and saw his father, a very old sheikh, and his grown-up sons. Their flocks were much in evidence, and their wealth was great. I asked about Majnūn; they all wept and cried, while the sheikh explained: "He was indeed my favorite among all of these. He fell in love with a kinswoman who could entertain no hopes for the likes of him. After the relation between them became known, her father was averse to giving her to him in marriage. Then he gave her in marriage to another man, and my son became mad out of passion and deep affection for her. We imprisoned him and put him in fetters. But he would bite his tongue and lips until we were afraid that he would bite them off. When we saw that, we set him free. He is in the desert with the wild beasts. Every day we have people take food for him and place it where he can see it. When they move away from it, he comes to eat. If his clothes wear out, they bring him other clothes and throw them where he can see them. Then they go away. He sees them, comes to them, throws out what he is wearing, and puts them on." Then I asked them to show me where he was, so that I could go to him. They directed me to a young man from their quarter and said: "He is still friends with Majnūn, who does not like anyone else's company except his. He learns his poetry and brings it to us." So I went to him and asked him to tell me what to do in order to draw near to Majnūn. He said: "If you want his poetry, I have it all. I shall go tomorrow, and if he has composed anything I will bring it to you." I said: "No, instead, show me the way, I can go to him." He objected: "If he is scared away by you, I am afraid he also might be scared away from me, and his poetry will disappear." I insisted that he show me where Majnūn was.

⁵⁵ Khairallah, *Love, Madness, and Poetry*, 82 f.

⁵⁶ See the discussion of this topic in Miquel and Kemp, *Majnūn et Laylā*, 26-8. Also of particular interest is their discussion of Laylā and her name, ch. 3.

He said: "All right, seek him in the desert. When you see him, approach him in a friendly way, and do not show fear. He will threaten and menace you, and probably throw something at you if he has anything at hand. Then sit down as if you were not looking at him, but glance at him out of the corner of your eye. When you see that he has calmed down and begun to make marks in the sand with his hand, recite some poetry to him if you know by heart any of Qays b. Darih's, for he admires him."

'So I went,' [the narrator] said, 'and wandered all day, but found him only in the late afternoon, sitting on a sand-hill, on which he had traced lines with his fingers. I drew near to him without being afraid, and, by God, he bolted just as wild animals do when they catch sight of a human. At his side there was a heap of stones, and he picked up one of them. Nevertheless, I drew closer until I sat down near him. He remained quite a while as if he were still startled and ready to run away. But when I sat still long enough, he calmed down and began making marks in the sand with his fingers. I looked at him and said: "Qays b. Darih was indeed excellent when he said:

I shall drain my tears by crying,
fearing what has not been, but will be.

They said: 'Tomorrow or a night thereafter brings
the parting from a beloved who though not yet
departed, will depart'.

I never feared that my death would be by my own
palms, yet whoever is fated meets his fate."

He cried at length and said: "But I am a still better poet when I say:

You kept me close until you put a spell on me
with words that bring the mountain-goats down
to the plains.

When I had no way out, you shunned me,
but you left what you left within my breast."

'Suddenly some gazelles appeared. He sprang up to follow them. I went away, then returned the next day, but did not find him. I went back to inform them. They sent the man who used to take food, and he brought the news that it was still untouched—he had not eaten anything. Then I returned again the third day, and did not succeed in finding him. I looked at his food; it was untouched. Then, the next day, his brothers, relatives, and I went out in the morning. We searched for him all day and all night, but could not find him. The next morning, we looked over a very stony valley and suddenly saw him, dead, among the stones. They bore him home and buried him.'⁵⁷

⁵⁷ Khairallah, *Love, Madness, and Poetry*, 140–2. Khairallah has translated the text of Ibn Qutayba (pp. 135–43) and Miquel has translated the prefaces to the poetry in the *Aghānī* of Abū l-Faraj al-Isfahānī (*Majnūn: L'Amour poème*, 211–56).

The old shaykh and his family had initially imprisoned Majnūn, putting shackles on him, according to this account. Typical of the violently insane, he attempted to injure himself, so that they were forced to set him free. Not being a danger to others, he fled into the desert, where the family continued to look after him by supplying him with food and clothing. The freedom of the harmless madman and familial care are conspicuous features in the early Arabic accounts. The *rāwī* who is the friend of Majnūn collects his poetry, and he appears to believe that he is the only one who will not frighten away Majnūn's jinn who inspire his poetry. The recitation of Ibn Dharrīh's poetry seems to both charm Majnūn's *shayṭān* and challenge the poet.⁵⁸ Furthermore, Majnūn's playing with bones and stones and his drawing in the sand, which are often mentioned in connection with his madness, suggest the practice of divination, especially geomancy.⁵⁹ Like his love-madness, as well as his poetic talent, Majnūn's supernatural power to tell the future could also be attributed to the jinn. His theurgy was a dubious power that might be associated with sorcerers and the evil eye.

Because we have looked closely at Niẓāmī's Persian version of the legend, it is logical to ask how he depicts the madman in comparison to the Arabic version and the popular response. We may reasonably assume that Niẓāmī's construction of Majnūn's character relied, to a certain extent, on the expectations of his twelfth-century audience. The urbanity of the poet and his readers/listeners appears to have influenced his rendition of the romance. Niẓāmī changed some of the features of the bedouin setting: for example, Laylā and Majnūn meet initially at school; Nawfal, Majnūn's champion, is portrayed as an Iranian prince; and the setting for the drama is usually a Persian garden rather than the Arabian desert. His readers would still expect Niẓāmī's narrative to conform to a picture of bedouin life in the early Islamic period that had been idealized in Islamic culture, the equivalent of the American 'wild West'. Niẓāmī was too good a writer to violate flagrantly such a view by introducing anachronisms, such as Galenic doctors and hospitals that were familiar to twelfth-century readers. Niẓāmī's adaptation of the Arabic fragments of the legend has the advantage of being consistent with the earlier accounts as well as being a fuller and more detailed narrative. Indeed, Niẓāmī's style is characterized by an intense use of imagery.⁶⁰ To consider Niẓāmī as an ethnographer is very odd, but he is, none the less, quite informative.

⁵⁸ Khairallah, *Love, Madness, and Poetry*, 64.

⁵⁹ Ibid. 67; Miquel and Kemp, *Majnūn et Laylā*, 192 f.

⁶⁰ Füzûlî, *Leylā and Mejnūn*, 79 ff.

In general, Nizāmī describes the progressive deterioration of Qays, despite periods of remission, and a corresponding increase in others' consternation at his actions. We are initially asked to envision an anxious and frustrated young man who roams through the bedouin camp and the local bazaar, often crying and reciting his poetry about Laylā. He is morose during the day and unable to sleep at night; he appears simply to be love-struck or depressed. Outward and dramatic expressions of emotion by males were apparently not unusual in the medieval period, and it is still a cultural trait of Middle Eastern society compared to modern Western norms for male behaviour.⁶¹ Love-madness (*'ishq*) was a well-recognized aspect of Arab culture and was a suitable occasion for expression of such feeling—in moderation. As we have seen, the genre of literature about profane love often dealt with the practical and ethical problems of a Muslim male that were created by his excessive love.

Qays, of course, went too far—not in his declaration of love to Laylā but in his declaiming it to everyone. Qays' obsessive nature is also indicated by his disregard or inattention to others except when they mentioned Laylā. Whether his indiscretion was the cause or consequence of his mental disturbance is an interesting question. If Qays' erotic monomania were a sign of an incipient mental disturbance, his madness gains greater significance in relation to his love and its poetic expression, but it robs the story of much of its romantic impulse. The customary view is that his madness was a consequence of his ardent love. In either case, Qays' public expressions about Laylā usurped the traditional Arab right of the two families, represented by the fathers, to announce a marriage. Qays' public display of love, his *tashbib*—the rhapsodizing about a beloved woman and one's relationship to her—violated recognized Arab custom. It brought shame and dishonour to Laylā and her family.⁶² Nor was Qays' behaviour toward his beloved commendable in the eyes of later Muslims. A popular tradition of the medieval period alleged that 'he who loves passionately and remains chaste and conceals his secret and dies, dies a martyr'.⁶³ Qays certainly did not conceal his love for Laylā and should not receive his reward in paradise. Furthermore, the hero's increasing madness brought shame and dishonour on himself and his tribe as well. However Majnūn's madness is interpreted, it cannot completely conceal the discernible stigma that has commonly been attached to insanity in Arab society.

⁶¹ On weeping, see Ibn Hazm, *The Ring of the Dove*, 42 f. See also Mahmoud Manzalaoui, 'Swooning lovers: A theme in Arab and European romance', *Comparative Criticism*, 8 (1986), 71–90.

⁶² Vadet, *L'Esprit courtois*, 102–23; Miquel and Kemp, *Majnūn et Laylā*, 23, 140–6.

⁶³ See Giffen, *Theory of Profane Love*, 99–115.

Beyond Qays' melancholic behaviour, he showed more ominous signs. He became increasingly solitary, wandering out into the desert barefoot and bareheaded. Nizāmī, unlike the earlier Arab poets, does not emphasize Qays' being fettered by his family when they try to keep him at home and to care for him. Still, these actions are not simply picturesque; they would be readily understood by Nizāmī's readers to be indicators of Qays' serious mental disturbance. The governor's decision that Qays could be killed with impunity by Laylā's tribe was virtually a certification of his insanity. To stress Qays' alienation from society, the Arabic versions of the legend described him wandering aimlessly, so that he found himself on the approaches to Syria or, alternatively, to the Yemen; he asks for directions and returns to the Najd. He never entirely cuts himself off from his family, and he is never completely abandoned by them. In this regard, it would be grotesque to see Qays as a lone bedouin philosopher or moralist, a reformer or revolutionary.⁶⁴ Yet, Qays' solitary behaviour was antithetical to the very strong bonds that existed normally between the individual and his family. Literally as well as figuratively, one could not live alone in bedouin society. For example, Majnūn says at the outset of his madness: 'Yes, I am a thorn in the flesh of my people, and even my name brings shame upon my friends. Anyone may shed my blood; I am outlawed, and who kills me is not guilty of murder.'⁶⁵ His popular name, Majnūn, was itself a denial of his family identity. In general, man's natural state was among his fellow men; a good Muslim was expected to marry, have children, and lead a life fully integrated into society. Conversely, Majnūn's withdrawal was an expression of his rejection of society and his own humanity. His renunciation of the world was not that of the ascetic whose purpose was self-control. Nor was Majnūn's goal the sufi one of self-annihilation in the beloved but separation from his beloved—'his love is thus not selfless but selfish in the extreme'.⁶⁶

Less seriously perhaps, being barefoot and bareheaded were clear signs of particular levels of social rank, not necessarily of antisocial behaviour. In public, respectable Muslim men would be well-shod and well-clothed, including a distinctive form of head-dress, for dress meant a great deal in the medieval period. Despite the egalitarian nature of Islamic society, clothing was a clear sign of a man's social status. Much the same could also be said about Muslim women. By comparison to Majnūn, Zulaykhā, who, as we shall see, is driven mad by her overwhelming love for Joseph,

⁶⁴ Miquel and Kemp, *Majnūn et Laylā*, 145.

⁶⁵ Nizāmī, *The Story of Laylā and Majnūn*, trans. R. Gelpke et al. (London, 1966), 38.

⁶⁶ Meisami, *Medieval Persian Court Poetry*, 172.

is usually portrayed in a restrained manner by showing only her head uncovered and hair undone.⁶⁷ Qays' appearance would normally be associated with children, the indigent, or dervishes. Specifically, his appearance might identify him with those who belonged to what C. E. Bosworth has called the 'medieval Islamic underground'. The amusing episode that Nizāmī introduces into the legend concerning the woman leading a dervish in chains is a good example of the possible deception that was practised by the *harafish*, or lumpenproletariat, to elicit charity.

Qays infringed on most social norms. His deportment is described as being like a drunkard; the simile was typically associated with love, but it could evoke an unfavourable response in a Muslim audience. In the later version of the romance of Hātifi (d. 1520–1), Qays showed that he was completely mad by claspng a dog to his chest in front of Laylā's house at the same time that his father requested Laylā for his son.⁶⁸ Dogs are, of course, despised or at least avoided, by Muslims because they are believed to be unclean; they were also believed to be emanations of evil jinn.⁶⁹ A miniature illustrating *Laylā u Majnūn* by Hātifi shows two messengers of Majnūn's family in the background and Majnūn in the foreground, patting a dog. Rachel Milstein has commented on this picture:

The iconography is rather unusual as in the long pictorial tradition of this scene Majnūn has usually been depicted half naked playing with gazelles or beasts of prey and not with the domesticated dog, which is regarded as impure by the Islamic religion. Therefore, the representation of this animal in our manuscript can be regarded either as a mistake of the provincial painter or, more probably, as an interpretation of the love story in the Sufi manner, according to which the dog, with its fidelity, shares the mystical devotion of the lover to his beloved. The Sufi poet Mawlānā Jalāl ad-Dīn Rūmī wrote about this dog:

Majnūn said: 'Thou are entirely (external) form and body, come within, and view it through my eyes: For this (dog) is a talisman sealed by (the hand of) the Lord; this (dog) is guardian of the abode of Layla; Look at its high aspiration and its heart and soul and knowledge; (consider) where it chose (to live) and made its dwelling-place.'⁷⁰

In rags and dishevelled, Qays looked like a wild man. His 'wildness within' was a reflection of his 'wildness without': his long finger-nails, his long and unkempt hair, and the growth of his body hair. Except for a brief period when long hair was a Mongol fashion in the later Middle

⁶⁷ Milstein, *Islamic Painting*, 66.

⁶⁸ Füzûlî, *Laylā and Mejnūn*, 82. In the Introduction to this work, Bombaci points out the earlier use of this event in the *Mathnawī* of Jalāluddīn Rūmī.

⁶⁹ EI2, s.v. 'kalb' (F. Viré).

⁷⁰ Milstein, *Islamic Painting*, 49.

Ages, it is an unusual characteristic for Muslim men. Depilation was also an expected part of personal hygiene for men as well as women. As in medieval European art and literature, the hirsute wild man was a clear sign of man's reversion to animality, a creature who lacked the divine attribute of reason.⁷¹ The hairy man who retreated alone to the primeval forest was the harrowing symbol of what a Christian was not; he was the personification of unreason, sin, and evil. This European perception of the wild man was derived largely from the Bible and persisted until the development of the romantic view of the 'natural man' in the early modern period. Similarly, Qays the savage would appear as the negator of Muslim social values.⁷² Indeed, the denial of life itself. For Nizāmī tells us that, soon after entering the wilderness, Qays desired to destroy himself out of despair. In the end, one can plausibly argue that Majnūn's death was suicide. Again, Islamic teaching strongly condemns suicide.⁷³

It is also significant that Nizāmī says that Qays in his distracted state could no longer distinguish good from evil. This characteristic was surely an important means of describing madness to a Muslim audience. It was virtually the legal description of insanity. The major social obligation of a Muslim was to encourage good and prohibit evil, which naturally implies having the mental faculty to distinguish between the two. Unable to do so, the insane were debarred from most of the obligations as well as the privileges of adult society, such as marriage, witnessing in court, or being party to a contract. The insane were, in fact, considered legally to be like children. It is not surprising that, consistent with this view of the insane, Majnūn's childlike qualities are often described.

Although Nizāmī does not say so explicitly, other poets relate that Majnūn abandoned his religious duties, especially daily prayer, and not without a hint of impiety.

Imagine that when I recite the ritual prayer, I turn my face to her, even if
the place of prayer is behind me.

But this for me is not polytheism. The love for her is like choking which
closes the throat, which the doctor cannot cure.

I pray but know not, when I recall her, whether I have prayed twice or
eight times [*rak'ats*] in the morning.

⁷¹ See Richard Bernheimer, *Wild Men in the Middle Ages: A Study in Art, Sentiment and Demonology* (Cambridge, Mass., 1952), and Timothy Husband, *The Wild Man: Medieval Myth and Symbolism* (New York, 1980).

⁷² On Qays *ensauvagé* in the Arabic legend, see Miquel and Kemp, *Majnūn et Laylā*, ch. 5.

⁷³ Ibid. 264; *El2*, s.v. 'k'atl' (J. Schacht) and 'intih'ār' (F. Rosenthal).

I have not gone to her to be cured with a look; I look at her and I go away with my ailment.⁷⁴

If we interpret Majnūn as a mystic, he had bypassed everyday prayer in his relationship with God, which was always a controversial aspect of sufism. As a madman, Qays had forgone his primary religious duty and was even a threat to the solemnity of Muslim worship. He had also turned the most holy ritual in Islam, the Greater Pilgrimage, upside-down by asking God to make him more steadfast in his earthly love for Laylā, who was even more important than God. Typically, the mystical interpretation did not see it that way but played on the irony of Qays becoming a better, stronger mystic. Furthermore, in one Arabic version, Qays proclaimed his rejection of God's judgement on himself and Laylā, and after he pronounced these words, he was stricken by leprosy—a disease that was often considered a divine punishment or trial.⁷⁵

Qays' condition worsened. In moments of frenzy Qays would beat his head with his fists, hit his head on the ground, and rend his clothes. Compared to the Arabic Majnūn, Niẓāmī does not emphasize the violence that Qays inflicted against himself but, rather, the consequences of Majnūn's madness for others. Still, Qays' actions were clear signs of derangement, especially because they were persistent. He would stare blankly out into space most of the time, and hallucinations seem to have caused him greater disturbance. A hidden voice called out Laylā's name to him on a dark night. He would often faint or experience periods of unconsciousness. Sometimes he would, according to Niẓāmī, writhe like a snake on the stony ground. He was occasionally followed by a group of hooligans; he would dance and sing, kissing the ground before him. This picture of the mad is a familiar one. Since antiquity, the madman, as here, was usually followed by children who both encouraged his unusual behaviour and tormented him. (See Plate 6.)

Altogether, Niẓāmī gives us a harsh but believable description of Qays as a madman. Emaciated, his feet were as hard as iron, and his palms were like stone from crawling on all fours. The colour of his skin had turned from yellow to black because of the sun, and blackness had distinctly unfavourable connotations.⁷⁶ Naked, he lived in a cave, having lost his memory except of Laylā. To a Muslim audience, nothing could have been as shocking as the public display of nudity, with its obvious sexual implications. Even the fine Persian miniatures do not represent this ultimate degradation of Qays; he is never, to my knowledge, shown

⁷⁴ Quoted in Füzûlî, *Leylā and Mejnūn*, 56.

⁷⁵ Miquel and Kemp, *Majnūn et Laylā*, 240.

⁷⁶ See Bernard Lewis, *Race and Color in Islam*, (New York, 1971), 9 *et passim*.

as black, naked, and animal-like. On the contrary, he is usually portrayed in Persian paintings as childlike, an oriental St Francis, at one with nature and devoted to love—whether human or divine.

The portrayal of Qays among the animals—unique in Arabic poetry—is quite lovely. Nature poetry is a striking feature of Persian literary style, especially in articulating a mystical interpretation. Super-naturally, Qays is able to see the signs of love in nature and speak with the animals. Yet, this ‘man in nature’ imagery may be the most forceful expression of Majnūn’s insanity. Despite our bucolic view of nature today, nature was not seen in that way in the medieval East or West. In any realistic sense, Majnūn’s desert kingdom could not possibly have been a manicured Persian garden. For the ordinary Muslim, nature in the Qur’ān, as in the Bible, is God’s gift, and in its vastness, complexity, and regularity, it is the prime evidence or miracle of God. But the natural world is basically to be exploited for men’s own good.⁷⁷ Majnūn’s animal kingdom was an inversion of the normal Muslim perception of nature. Among the animals that Majnūn freed from hunters was the lithesome gazelle that reminded him of Laylā, but for the ancient Arab poets it was an animal that especially served the jinn.⁷⁸ Majnūn created a world that reflected his own insanity.

Was Qays totally mad? Some Arabic versions of the tale say that he was only afflicted by lovesickness or languor or even stupidity.⁷⁹ We can only judge by descriptions of his outward appearances. Qays appears to have offended most of the conventions of his society. How did Qays’ family and friends respond to his condition? The incessant nature of his derangement seems to have led to a continual reassessment of his condition by others, as in most cases of mental derangement. It quickly became apparent that his behaviour was the result of more than an unhappy love-affair. Were Qays’ attacks not symptoms of a serious, life-threatening condition? The periods of lucidity were recognized and gave rise to hopes for Qays’ recovery and consequently to attempts to cure him. Niẓāmī describes the desperate search for various and often contradictory methods of healing, ranging from the natural to the supernatural. There was also resignation to one’s fate; madness, like love and death, seems to be predestined for mankind according to Niẓāmī. Eventually, Qays’ stark madness evoked every possible emotional reaction in others, from ridicule to admiration to despair. Not the least

⁷⁷ ‘Nature exists for man to exploit for his own ends, while the end of man himself is nothing else but to serve God, to be grateful to Him, and to worship Him alone. The utility, serviceability and exploitability of nature by man are spoken of in numerous verses [of the Qur’ān]’ (Fazlur Rahman, *Major Themes of the Qur’ān* (Minneapolis–Chicago, 1980), 78 f.).

⁷⁸ Vadet, *L’Esprit courtois*, 373.

⁷⁹ Miquel and Kemp, *Majnūn et Laylā*, 33.

important emotional response was fear, which seems to underlie much of the dramatic effect of the story.

One way of explaining these reactions is by asking what were the imputed causes of Qays' love/madness. A mundane medical causation is not offered by Niẓāmī, perhaps for artistic reasons. The earlier Arabic versions of the legend, however, do allude to medicine. In referring to the demonic power of Laylā, Majnūn addresses her in the following way:

O doctor of the jinn, woe unto you, find me a cure, for the doctor of humans is helpless against my ill.⁸⁰

Illness and medicine are more frequently used, often metaphorically, in later versions of the legend, as in Fûzûlî. For example, in an ode by Majnūn on his unchangeable condition, he says:

O, what a task ye doctors find
Who seek to part the body from the mind!
But still the doctors try
To seek a cure
For those who sadly sigh
And torment of a passion still endure
Besieged with Love's sweet tragedy unkind.⁸¹

Fûzûlî's lines suggest the heavy-handed somatic approach of the Galenic doctors and their neglect of the soul. A few verses later, Fûzûlî describes Qays' father after his son was rejected by Laylā's father; the latter declared that Qays must first be cured of his 'mad disease' before he could ever marry Laylā:

The broken parent sought with cunning zeal
A cure to find o'er many distant lands.
Where e'er a doctor's fame was noised abroad
The father sat, a patient nightingale
Within his garden, telling of the need,
All pleading, for a cure to save his son.
A thousand skilled physicians tried in vain
To find a cooling sherbet, every tomb
That sheltered in its shade a holy man
Or prophet, place of pilgrimage became,
And in the dust that gathered at its gate
The saddened father deep oblation made,
And offered prayers, bestowing many gifts,

⁸⁰ Quoted in Khairallah, *Love, Madness, and Poetry*, 90.

⁸¹ Fûzûlî, *Leylā and Mejnūn*, 185.

And vowing many more he yet would give
 If only could his son be safe restored
 And healed. Yet of a thousand great
 And skilful sages, of a thousand charms
 And many magic amulets of hope,
 No healing came. Indeed what cure is found
 To remedy an illness sent of God?⁸²

In Nizāmī's poem, other possible causes are suggested, either explicitly or implicitly. At the beginning, Qays' condition is only infatuation, the awakening of erotic interests, and therefore not to be taken too seriously. As he worsened, there were various explanations. It was an emotional aberration, so that his father, mother, and uncle each made strenuous attempts to persuade him to return home. It was fate or the evil eye, so that love-madness should be simply accepted. For Nizāmī, as for many other poets, madness, like love and death, is predestined for humankind. Or it was divine, so that religious healing was sought, particularly by resorting to a pilgrimage to Mecca and even magic. Specifically, Qays was believed by some to be possessed by jinn or to have become a demon himself. In the Arabic legend, someone encounters Majnūn and says, 'I had no doubt that he was a jinni', and another person who was frightened by the appearance of Majnūn asks him, 'Are you a human being or a jinni?'⁸³ Such an interpretation relied on the common Muslim view that the world was infinitely inhabited by these good and evil semi-divine spirits. This supernatural view of Qays' condition would also explain his poetic ability, his madness, and his love. From pre-Islamic times, the jinn were the source of special talents and defects, good luck and misfortune. As we have seen, Muḥammad was often accused by his enemies of being only a poet—being inspired by jinn—rather than a prophet who received a revelation from God. There are only slight references to talismans and charms in *Majnūn Laylā*, and there is no mention of the exorcism of Qays' jinn. Yet, the jinn best explain the Arabic Majnūn: his gift of loving and being loved, his talent for poetry and singing, but also his inscrutable madness. Nizāmī replaced the jinn with Majnūn's obsessive love that alienated him from society, such estrangement denying the fulfilment of his love. Certainly, many of the features of Qays' behaviour in Nizāmī's poem were intended to be understood only as inessential signs of Qays' condition. Yet, the questions about love, death, and madness that he constantly posed relied on a keen sense of human nature and everyday reality.

⁸² Ibid. 189–90.

⁸³ Quoted in Khairallah, *Love, Madness, and Poetry*, 85.

(B) ZULAYKHĀ AND JOSEPH

In interesting juxtaposition to the romance of *Majnūn Laylā* is that of *Yūsuf u Zulaykhā*, the love-story of Joseph and Zulaykhā, the name that Muslim legend has given to Potiphar's wife. The best-known version of the romance of Joseph and Zulaykhā was written by Jāmī (d. 898/1492), who wove together the various accounts of the story, especially a version of the romance attributed to Firdawsī, into a long mystical poem. It was written in 888/1483, in honour of Sulṭān Ḥusayn Bayqarā, and was one of the seven poems, along with his version of *Majnūn Laylā*, that were collected under the title *Haft awrang* or 'The Seven Thrones'.⁸⁴

The biblical story of Joseph and his brothers figures prominently in the Qur'ān. The twelfth chapter of the Qur'ān is largely devoted to it, and unlike most of the Qur'ān, the story is told in a manner similar to the chronological narratives of the Bible. The Qur'ānic version of the story differs, however, from the Old Testament in a number of ways, but the general outline of the two accounts is the same.⁸⁵ During the Middle Ages, Joseph became a popular subject of Muslim legend on the basis of the Qur'ānic account. These legends explained many of the uncertainties that are found in the Qur'ān and highlighted various aspects of the story. Jāmī was heir to this long, medieval tradition of pious learning as well as popular story-telling, so that his version adds considerably to the Qur'ānic narrative but does not contradict it.

Most evident is the fact that Jāmī focuses attention, not on Joseph, but on Zulaykhā. She is fully portrayed as a passionate woman tormented by her intense love for Joseph while he is almost too handsome, virtuous, and God-fearing. It is not surprising, therefore, that Jāmī largely ignores much of the traditional material about Joseph's family; specifically, he omits the final resolution of Joseph's conflict with his brothers and his reunion with his father, which is the natural conclusion to the story in both the Qur'ān and the Bible.

To summarize Jāmī's poem briefly, Zulaykhā is a beautiful young princess, the only daughter of Taymus, king of a western kingdom. She has two dreams or visions of a man, and she falls deeply in love with him. It was suggested that her enthrallment with this man might be the result of the evil eye, spirits (*divs* or *paris*), or a sorcerer, for her love quickly gave way to madness. She wailed and cried continuously, rent her clothes, scratched her face with her hands, and tore out her hair.

⁸⁴ See *EI2*, s.v. 'Djāmī' (Cl. Huart-H. Massé).

⁸⁵ See *SEI* s.v. 'Yūsuf b. Ya'qūb' (B. Heller).

Attendants watched over her because she was often extremely agitated: crying one moment and laughing the next, alternately losing consciousness and regaining it. No medical cure could be found, so they had to restrain her; she was fettered with a gold chain encrusted with rubies. (See Plate 8.) To the shame and consternation of her parents, Zulaykhā was shackled for a year and confined to her apartment in the palace. Finally, she saw the same man a third time in a dream and asked who he was and where he lived. He replied that he was vizier of the king of Egypt. Having learned this, Zulaykhā awoke, and regaining her sanity, she was released from bondage.

Now, many emissaries came to Taymus' court to arrange a marriage for this beautiful princess, but she hoped for an offer from the envisioned vizier of Egypt. Being told of Zulaykhā's desire, her father rejected all offers and finally sent a messenger to Egypt to negotiate a marriage with the vizier. The marriage arrangements were successfully made, but when the vizier came to meet Zulaykhā on her way to Egypt, she saw that he was not the man of her dreams. Still, Zulaykhā entered Egypt in great pomp, married the vizier, and lived unhappily with him, especially because it was commonly believed that the vizier was a eunuch, which also helped to excuse Zulaykhā's subsequent adulterous behaviour. At the same time, Joseph was the favourite of his father Jacob, but he was greatly envied by his older brothers, who conspired against him. They were eventually able to get Joseph away from their father; they took him into the desert and put him into a well, where he was found by a passing caravan. As a Hebrew slave, Joseph was taken to Egypt, where his renown had already reached the king, who sent his vizier to meet the caravan and to report on this exceptional slave. Later, Joseph was brought to the palace, where Zulaykhā accidentally saw him; she recognized the man from her dreams, which immediately rekindled her love for him. When Joseph was auctioned in the slave market, Zulaykhā persuaded her husband to buy him for her, rather than the king. She helped him to pay the enormous price for Joseph, so that he was brought to the vizier's court.

Initially, Zulaykhā treated Joseph as a son, making clothes for him, eating with him, and watching over him like a child. As they grew closer, her love for Joseph increased, and she sought greater intimacy with him by various stratagems, but he always carefully avoided her. One of her deceptions was to offer Joseph any of her maidens; when he chose one of them, Zulaykhā intended to substitute herself for the maiden beside him. Instead of selecting one of the women, he preached all night to them against their paganism and broke their idols. Later in the story, Joseph

almost succumbs to Zulaykhā's enticements, but at the last moment, he sees her idol; he is horrified and is reminded of his religious scruples. The idolatry of Zulaykhā and her court are, in fact, a prominent theme in the story, and the idols are almost always pictured in miniature representations of the story. An explanation for this aspect of the romance is the belief that idolatry was the cause of *'ishq*; Zulaykhā's love was inordinate because she was an idolatress.⁸⁶ Idolatry generally represented uncontrollable human passion. When Zulaykhā finally renounced her pagan beliefs, she also escaped her obsessive love for Joseph and gained his true love.

Hopelessly torn between the joy of simply being in Joseph's company and her strong sexual passion for him, Zulaykhā languished and despaired. Joseph would not break God's commandment by committing adultery; he would not betray the vizier, who treated him as a son and had placed him at the head of his household. Zulaykhā still humiliated herself before Joseph, who cried, seeing the unhappiness that love for him caused in others, like the love of his father.

Undeterred, Zulaykhā tried again to seduce Joseph. She had a luxurious pavilion built with amorous pictures of themselves painted everywhere to excite Joseph's passion for her. When the pleasure house was finished, she called Joseph to it and led him through its seven compartments, locking each door behind them. Refusing to raise his eyes to her, Joseph saw the paintings and recognized her intense desire, but he continued to make excuses. Desperately, Zulaykhā threatened to kill herself, which caused Joseph to show her some compassion and to relax his self-control. In the middle of their embrace, Joseph saw her idol, as we have mentioned, and realized what was happening, and he bolted from the room. Chasing him through each compartment, Zulaykhā caught his cloak at the last door, but it tore and he escaped. The vizier found Joseph breathless outside the mansion, and Zulaykhā accused Joseph of trying to seduce her and recommended his imprisonment and torture. The outraged husband would not listen to Joseph's explanation but was persuaded by his wife's story and her oaths. Consequently, Joseph was sent to prison where he prayed constantly to God for his deliverance.

His prayers were answered. A 3-month-old child, which was being nursed by one of the women at the vizier's court, miraculously spoke to the vizier and told him that Joseph should not be punished. Naturally, the vizier was astonished. The child instructed him to look at Joseph's

⁸⁶ Bell, *Love Theory*, 164, 177.

torn clothes: if they were torn in front, Joseph was guilty; if they were torn at the back, he was innocent. The vizier recalled immediately that the robe was torn from behind and knew that Zulaykhā had lied to him. Joseph was restored to his place in the vizier's household while Zulaykhā was reproached by everyone, especially by the other women, for her amorous designs. In response, Zulaykhā gave a feast for these women, where she argued that they would not be so censorious if they had seen Joseph. She sent her confidante to fetch Joseph, who came reluctantly; he arrived at the women's banquet as it was ending and the women were paring their oranges. The women cut their hands with their fruit-knives in amazement at his beauty. Some fainted, others died, and still others became hysterical, which only increased Zulaykhā's desire for Joseph. The women urged him to give into Zulaykhā, for it was far better for a slave to obey his mistress than to go to gaol for disobedience. Unmoved, Joseph refused and was put back into prison.

Again, Zulaykhā's scheming had failed, and she deeply regretted what she had done: she herself had caused their separation. Ironically, because of her feelings, she was his slave. She behaved as if she were in mourning—crying, putting dust on her head, and dyeing her cheeks blue. Distraught, she tore at her clothes and her body, beating her head against the wall, and again thought of suicide. Secretly she visited the prison at night in order to see Joseph. On the terrace of the vizier's palace that overlooked the prison, she watched and wept constantly and, in time, became ill.

In prison Joseph, always portrayed as a prophet, consoled some inmates and healed others. Specifically, he interpreted the dreams of two of the king's servants; one, he predicted, would be executed, and the other would be returned to the king's service. He asked the latter to relate his plight to the king when he was restored to his office. This servant forgot, however, about Joseph until, years later, the king had a dream that none of his wise men could explain. The servant remembered Joseph, and he recalled him to the king, who sent the servant to the imprisoned prophet. Joseph interpreted the dream: the seven lean cattle that followed the seven fat cattle and devoured them, and the seven dry ears of corn that entwined themselves among the seven full ears and destroyed them, represented the coming of seven good years and, then, seven years of poor harvest and famine. When the king heard this prediction, he had Joseph brought to him. Standing before the king, Joseph explained what had befallen him in Egypt. The king summoned the women, including Zulaykhā, who confessed completely to what they had done. Joseph was blameless and was greatly honoured by the king;

he gave him complete authority over Egypt, displacing the former vizier.

With the downfall of her husband, Zulaykhā lost her power and wealth; she rapidly lost her beauty, becoming blind, and infirm. She still worshipped her pagan idol, and she still grieved for Joseph. She built a reed house on the main road to the king's palace, so that she could, at least, hear Joseph ride by. One day, as he passed her, he heard her cries and recognized the old beggar as Zulaykhā. He converted her to his belief in one God and took her back to the court. Through his prayers, Zulaykhā regained her sight and youthful beauty, and he also prayed for their happy union. So, by the command of God, they were married, and Joseph built a house of prayer for her. They had many children, and Egypt prospered. After forty years, Joseph had a dream of his father and mother in heaven, and he desired to join them. When he died, Zulaykhā went to his tomb; tearing out her eyes, she died and was buried with Joseph.

There are many themes that run through *Joseph and Zulaykhā*, but Zulaykhā's love for Joseph is paramount, and Jāmī explicitly compares it to the love between Laylā and Majnūn. In this love-story, Jāmī appears to present more forcibly than in the Arab romance, and perhaps more appealingly to a modern audience, the intensity of erotic love, often in conflict with Platonic love. Zulaykhā exemplified the traditional Muslim ideal of women: beautiful, sensuous, passionate—the constant temptress—but essentially weaker than men. Joseph was the ideal man, a proto-Muslim. He was the paragon of chastity; he clung to his faith in God and His commandments despite severe temptations, and he was justified and rewarded. Indeed, Joseph was one of God's prophets, and like Muḥammad, his example should be followed by good Muslims. This view of Joseph is consistent with the account of him in the Qur'ān; 'the fairest of stories' in the Qur'ān ends with Joseph saying:

[God] was good to me when He brought me forth from the prison, and again when He brought you [Jacob] out of the desert, after that Satan set at variance me and my brethren. My Lord is gentle to what He will; He is the All-knowing, the All-wise. O my Lord, Thou has given me to rule, and Thou hast taught me the interpretation of tales. O Thou, the Originator of the heavens and earth, Thou art my Protector in this world and the next. O receive me to Thee in true submission, and join me with the righteous.⁸⁷

On the other hand, Zulaykhā in the Qur'ān is a minor figure; neither described nor named, she is clearly guileful, a sinner, and an evil-doer.

⁸⁷ Arberry, *The Koran Interpreted*, i. 265.

The vizier's wife, as depicted by Jāmī, is a far more complex and sympathetic figure, even in her devotion to her pagan idol. Her love-madness is described as a natural part of her genuine feeling for Joseph. Unlike Majnūn, she is, for the most part, sane, and she composes no ecstatic poetry about her beloved. Zulaykhā's madness is almost normal; eventually, after her conversion to true religion, she and Joseph are united and live happily ever after. Zulaykhā's madness and desperate scheming are proof of her true love; it is the kind of all-consuming love that, according to the mystic, one should have for God. Despite the torments and frustrations, Zulaykhā and Majnūn knew perfect love. Still, the connection between love and madness is palpable; however irrational and unpredictable love may be, it should not be avoided—paradoxically it should be cultivated and directed toward God. Jāmī makes this message quite clear in his concluding verses; the mystic's life, even at the cost of madness, is the only life worth living.

(C) KAMAR AZ-ZAMĀN AND BUDŪR

The Tale of Kamar az-Zamān in *The Thousand and One Nights* complements the stories of Majnūn and Zulaykhā; it is a tale of mutual love-madness.⁸⁸ The two protagonists, Prince Kamar az-Zamān and Princess Budūr, had individually resolved not to marry. The prince was imprisoned because he defied his father's wishes; similarly, the princess was confined by her father when she threatened to commit suicide if he forced her to marry. Incidentally, her father sent letters to all the other kings that his daughter had been stricken with madness by the jinn in order to explain her seclusion from her suitors.

One night the prince and princess were discovered while they slept by two jinn, who contended with one another about who was the fairest. To compare the two, the jinn brought Princess Budūr from her distant kingdom and placed her beside Kamar az-Zamān on the prince's bed, but the two jinn still disagreed about who was the most handsome. In order to settle the dispute, they summoned a third jinn, who looked upon the faces of the sleeping pair and judged them to be equal in beauty and loveliness. He suggested, however, that they waken each of them in turn,

⁸⁸ *The Book of the Thousand Nights and a Night*, trans. Burton (6 vols. in 3; New York, 1934; repr. 1962), ii. 1062–251; cf. *The Thousand and One Nights*, trans. Edward W. Lane (London, 1859), ii. 100–17.

without the knowledge of the other, and the more enamoured should be considered inferior in seemliness and comeliness.

First, the prince was awakened, and he admired Princess Budūr but chastely turned his back to her, believing that it was some scheme of his father to persuade him to marry. Then, the princess was aroused and was seized by passion for the young man beside her, 'whereupon her heart ached and her vitals quivered and lust was sore upon her, for that the desire of women is fiercer than the desire of men, and she was ashamed of her own shamelessness'.⁸⁹ Consequently, the jinn decided that the prince was the more handsome, and they returned the sleeping princess to her kingdom.

When the prince awoke in the morning alone in his bed, he asked his guard about the young woman who had visited him in the night. The guard denied that anyone had entered his chamber that night. The prince was enraged and mistreated the guard, who fled to the king and reported that his son had gone mad. The king, therefore, sent his wazir along with the guard back to his son, who was again angered by the denials of the wazir. Kamar believed that it was a ploy of the wazir and demanded to know where the beautiful woman was. The wazir suggested that the prince had been dreaming, a deception caused by eating various kinds of food or a suggestion of the jinn. Losing his temper, Kamar attacked the wazir, who then falsely promised to reveal the story of the young lady if he desisted. The wazir rushed back to the king and announced that his son was, indeed, stark raving mad and recounted what he had learned. In response, the king threatened to cut off the wazir's head, holding him responsible for his son's plight because of his unwise counsel. The king and the wazir, then, went to see Kamar, and to reassure himself of his son's sanity, the king asked him the day of the week and the name of the month, which the prince answered correctly. The king asked him about the damsel, and, instead of growing angry, Kamar professed that it was part of a plot to persuade him to marry. It had worked. He had fallen deeply in love with the young woman, but he would marry only her. The king swore that he knew nothing about the woman or any stratagem, rather it was 'but an imbroglio of dreams'. To prove to his father that it was not a dream, Kamar produced the seal-ring that he had taken from Budūr's hand (and she had also taken his ring in exchange). Kamar pleaded with his father to find this young woman 'else I shall die of woe and of my death shall no one know'. The king took his son back to the palace to comfort him, and, on the advice of the wazir, the king set apart

⁸⁹ *The Book of the Thousand Nights and a Night*, 1090.

two days of the week for state affairs 'lest the order of the state be deranged' as well. Despite the king's solicitude, the excess of Kamar's 'concern and passion for the young lady had wasted his charms and emaciated his body; he could neither eat nor drink nor sleep; and he was like a man who had been sick twenty years of sore sickness'.

As for Princess Budūr, whom the jinn had borne back to her home, she awoke and became hysterical at not finding the youth beside her. She demanded from her servant to know where her beloved was, but her duenna denied that anyone had lain with her during the night. Incensed by her denial, the princess drew a sword and slew the servant, which was quickly reported to her father. He came to see her, and again, she asked where the young man whom she loved was. Then, like Zulaykhā,

her reason fled from her head and she cast her eyes right and left and rent her raiment even to the skirt. When her sire saw this, he bade the women lay hands on her; so they seized her and manacled her, then putting a chain of iron about her neck, made her fast to one of the palace-windows and there left her.⁹⁰

Because of his love for his daughter, the king summoned the doctors, astrologers, and men skilled in talisman-writing, and he promised that whoever cured his daughter would be wedded to her and receive half the kingdom, but whoever tried and failed to heal her would be beheaded. Subsequently, forty doctors and forty astrologers were executed.

Princess Budūr languished for three years until her foster-brother Marzawān returned to the kingdom, and she told him about her love-madness—'The sweets of love are only for the insane!' The princess thought—like Kamar—that her father had contrived the nocturnal encounter with the young man in order to persuade her to marry; nevertheless, she had fallen desperately in love with the prince. Marzawān believed her and vowed to search after the youth.

In his travels Marzawān eventually heard about Kamar az-Zamān, a prince who had fallen sick and was afflicted with 'melancholy madness', and he was directed to his kingdom. After a shipwreck, Marzawān was brought to Kamar; he recognized the handsome youth and recited poetry to the prince that revived him. Then, Marzawān told Kamar about the princess, so that the prince rapidly recovered from his illness. Marzawān related to the prince her excessive love for him and said: 'All that befell thee with thy father hath befallen her with hers, and thou art without doubt her beloved, even as she is thine; so brace up thy

⁹⁰ Ibid. 1104. In another story, the Tale of the Ebony Horse, the heroine is held captive by a tyrannical king; she feigns madness in this manner, so that no one will approach her. Her lover pretends to be a doctor/exorcist in order to gain access to her; he 'cures' her of her jinn-possession and effects her escape (ibid. iii. 1594-6).

resolution and take heart, for I will bring thee to her and unite you both anon.⁹¹ Marzawān brought Kamar to the land of Princess Budūr; he clothed him in merchant's dress and provided him with a geomantic tablet of gold, with a set of astrological instruments, and with an astrolabe of silver with gold. Marzawān instructed the prince to call out his profession below the walls of the palace; the king would hear him, and he would gain access to the princess. Kamar followed his advice and was reunited with his beloved. The princess rapidly recovered her sanity, breaking her iron fetters, and she was married to Kamar az-Zamān.

This first part of the long Tale of Kamar az-Zamān is an Arabic, probably Baghdadian, adaptation of a Persian fairy-tale.⁹² The story may be classified as a 'fairy-tale' because the supernatural or marvellous intervention of the demons in human affairs is a decisive element of the plot.⁹³ 'The fairy-tale of the demons' match-making is told in a complacent, leisurely manner, particularly rich in pleasant detail. Moreover, the narrator fairly wallows in rhyming prose descriptions and verse quotations, not unjustifiably, since the peerless beauty of both the protagonists is an important factor in the plot. The love-theme is of the destiny variety.⁹⁴ While the commentator, Mia Gerhardt, rightly emphasizes the style of the narration of this tale, it is not so clear that the demons are 'match-making', nor that the love story is an example of the 'destiny variety'.⁹⁵ The love that is ignited between Kamar and Budūr is incidental to the contest between the jinn to determine who of the two is superior in beauty and grace, although the machinations of the jinn contribute to the mysterious quality of love-madness. The jinn play no further role in the tale, and their meddling in human affairs is never revealed to or understood by the participants of the story. Furthermore, there is no indication that the prince and princess are destined for one another, any more than most of the adventures in *The Thousand and One Nights* are governed by fate or providence. The central theme of the tale is one of excessive love. Kamar suffers from melancholic madness and pines away for his beloved while Budūr is afflicted by violent madness—consistent with the traditional view of women as more passionate than men—and has to be physically restrained. As we know primarily from the medical literature, the ideal cure is the reunion of the two lovers, which is the natural conclusion of this happy tale.

⁹¹ *The Book of the Thousand Nights and a Night*, 1114.

⁹² Mia I. Gerhardt, *The Art of Story-Telling: A Literary Study of the Thousand and One Nights* (Leiden, 1963), 286.

⁹³ Ibid. 280.

⁹⁴ Ibid. 287.

⁹⁵ See also *ibid.* 123–4, 289, 294.

THE WISE FOOL

William rapidly glanced over the first pages. 'It is an Arabic manuscript on the sayings of some fool, according to the catalogue,' he said. 'What is it?'

'Oh, silly legends of the infidels, which hold that fools utter clever remarks that amaze even their priests and delight their caliphs.'

Umberto Eco, *The Name of the Rose*¹

Oh Shaykh [Buhlül]! The madman knows best his own soul.
True discourse must be heard from a madman.

'Abdallāh ibn Mubārak

Someone asked Buhlül: 'Name for us all the madmen!' He replied:
'That would take too long. I would much prefer counting the sane.'

ar-Rāgib al-Isfahānī, *Muḥāḍarāt*²

In the early 'Abbāsīd period, there appears to have been an appreciable number of 'wise fools' or, alternatively, they were given particular prominence by those who labelled them as such. Reports about the 'intelligent insane' were gathered together by a number of authors, forming a virtual literary genre; the literary aspect of these stories is evident in the large amount of poetry that is attributed to the wise fools and the neglect of prosaic details about their lives. Classical Arabic literature generally is remarkable for works devoted to unusual classes of people, such as the blind, child prodigies, or misers,³ and there emerged stereotyped figures, for example, Ash'ab the greedy, Qarāqūsh the unfair judge, Abū Dulāma the buffoon, and Buhlül the wise fool.⁴

¹ New York, 1983, p. 368.

² Vol. i, p. 14 (quoted in Ulrich Marzolph, *Der Weise Narr Buhlül* (Abhandlungen für die Kunde des Morgenlandes, 46: 4; Wiesbaden, 1983), 44.

³ See Fedwa Malti-Douglas, *Structure of Avarice: The Bukhalā' in Medieval Arabic Literature* (Leiden, 1985).

⁴ See respectively F. Rosenthal, *Humor in Early Islam* (Leiden, 1956); P. Casanova, 'Karakouçh', in *Mémoires publiés par les membres de la mission archéologique française du Caire 1881-1884* (Paris, 1897), 447-91; M. Ben Cheneb, *Abū Dolāma, Poète bouffon de la cour des premiers califes abbassides* (Algiers, 1922), and *El2 'Abū Dulāma'* (J. Horovitz).

Unfortunately, only an-Naysābūrī's (d. 406/1016) collection of reports of these exceptional men and women entitled *Kitāb 'Uqalā' al-majānīn* has survived.⁵ He used a number of earlier sources; he mentions, particularly, the works of al-Jāhīz, Ibn Abī d-Dunyā, Aḥmad ibn Luqmān, and Abū 'Alī Sahl ibn 'Alī al-Baghdādī. He also drew upon other authors, including accounts by early mystics, such as al-Junayd. The first collection devoted specifically to wise fools was apparently one written by al-Madā'inī (d. 228/843), which forms the basis of an-Naysābūrī's work, but it is now lost.⁶ Still, an-Naysābūrī was selective, for he did not use a number of relevant works that are known to have existed at his time. In turn, an-Naysābūrī's compilation was exploited by later authors, but no one appears to have composed another book exclusively devoted to wise fools.⁷

Very little is known about an-Naysābūrī. He lived in Kurasan and was a cultured man and a poet. He was especially esteemed as a scholar of the Qur'ān as well as of history and philology.⁸ Beside the '*Uqalā' al-majānīn*', only one other work is attributed to him: *Kitāb at-Tanzīl wa-tartībih*, a study in Qur'ānic exegesis.⁹ It is reported by Yāqūt that an-Naysābūrī preached to the common people in Nishāpūr.¹⁰ As Ulrich Marzolph suggests, it may be quite significant for an-Naysābūrī's composition of the '*Uqalā' al-majānīn*' and his choice of tales that he was initially an adherent of the Karrāmīya sect and, then, embraced the Shāfi'ī legal school.¹¹ The Karrāmīya flourished in Persia from the ninth century AD until the Mongol conquests. The salient features of this popular movement were asceticism and pietism; emphasis was placed on self-mortification (*taqashshuf*) and complete dependence on God for all aspects of life (*tawakkul*). The geographer Maqdisī had many contacts with Karrāmī groups in his travels and considered them to be entirely orthodox; he called them 'an ascetic and God-fearing folk'. The Karrāmīya are particularly well known for their activity in tenth-century Nishāpūr, where they formed a strong, bellicose faction. Here as

⁵ *Kitāb 'Uqalā' al-majānīn*, 1st edn. by W. F. al-Gilānī (Cairo, 1343/1924); 2nd edn. by M. B. al-'Ulūm (Najaf, 1387/1968). Marzolph, *Der Weise Narr Buhlūl*, 2, has announced that he is preparing a critical edition of the text, which will make possible a more reliable reading of the work. I am grateful to Professor Marzolph for supplying me with a copy of the second edition, and I am indebted to him for much of the following discussion of Buhlūl.

⁶ *EI*2, s.v. 'al-Madā'inī' (Ursula Sezgin).

⁷ P. Loosen, 'Die weisen Narren des Naisābūrī', *Zeitschrift für Assyriologie*, 27 (1912), 190–205.

⁸ *Ibid.* 189.

⁹ *GAS*, i. 47.

¹⁰ Quoted in '*Uqalā'*, Cairo edn., 5.

¹¹ Marzolph, *Der Weise Narr Buhlūl*, 12. Marzolph also points out that an-Naysābūrī's personal beliefs may account for the fact that the well-known association of Buhlūl with Shi'ism was played down in the '*Uqalā' al-majānīn*'.

elsewhere, their influence over the people, according to C. E. Bosworth, was the result of the exemplary asceticism of their leaders' lives and their evangelism, as well as the teaching and spiritual exercises in their schools and *khānaqāhs*, or lodges.¹² Given this personal background, it is not surprising that the predominant theme of an-Naysābūrī's collection is ascetic piety.

In the preface to '*Uqalā' al-majnūn*, an-Naysābūrī places his subject in a theological context.¹³ In the author's view, God had created the world but had also planted the seeds of its destruction. He created opposite qualities in mankind: strength, vigour, and youth in contrast to weakness, incapacity, and old age. On the basis of primarily Qur'ānic passages and *ḥadīth*, an-Naysābūrī expatiates on the seemingly contradictory nature of God's handiwork. In essence, life is interpreted by the author as a blending of opposites, such as health and illness; reason mixes with madness, so that the sane are never free from madness. Insanity may be a physical affliction, but it was basically contradictory. The Prophet is reported as giving a spiritual meaning to *majnūn*: the madman was one who rebels against God, and an-Naysābūrī gives a number of *ḥadīth* to this effect. The madman, the imbecile (*al-aḥmaq*), or the stupid (*al-akhrāq*) is a person who prefers this world and its enticements. On the other hand, the madman could be a prophet *manqué*.

An-Naysābūrī says that a madman was usually recognized by the people as someone who preaches and reviles; he throws himself down on the ground and tears his clothes. He does not conform to the habits of the people and does what they disapprove of. Prophets have behaved in this manner, so that they have always been mistakenly called madmen, and their prophesying has always caused dissension. An-Naysābūrī quotes the following passage from the Qur'ān (54: 9–10) as an example:

The people of Noah cried lies before them;
they cried lies to Our servant, and said,
'A man possessed!' And he was rejected.
And so he called unto his Lord, saying,
'I am vanquished; do Thou succour me!'

Similarly, the Qur'ān says (51: 39) that the pharaoh accused Moses of being either a magician or a madman. And an-Naysābūrī gives the following *ḥadīth*, which is apposite to his subject: Whoever knew himself was a humble man; whoever knew his Lord was a *majnūn*. Predictably, an-Naysābūrī ends the preface with an account of the

¹² *EI*2, s.v. 'Karrāmiyya' (C. E. Bosworth).

¹³ Najaf edn., 1–12; Cairo edn., 6–15.

opposition to Muḥammad that accused him of being a madman and the reassurances that the Prophet received from God.

Coming to the subject of his anthology, an-Naysābūrī says that some friends had asked him to write a book about wise fools—the different kinds of such fools and their utterances. He recalls that in his youth he had read about wise fools in various books; these were sections devoted to the topic in works by earlier authors, which have been mentioned above.¹⁴ To these, an-Naysābūrī added further accounts from other sources.¹⁵

The author begins with a philological discussion of madness. The basic sense of *junūn* in Arabic is said to be ‘covering’ or ‘concealing’; consequently, the various derivations of the word retain this sense of concealment. For example, the *janān*, heart or soul, is hidden in the body; the jinn are invisible to human sight; the *janna*, or garden, is obscured by surrounding trees; the *junn* is the armour that covers and protects the body; and the *janīn*, or foetus, is concealed in the mother’s womb. Related to the last example, the verb form *tajānna* means to feign madness, where an individual was not actually *majnūn*. *Jinna* is possession, madness, or insanity. From the sense of concealment (*istatār*), *majnūn* means a person whose intelligence is hidden, which is caused immediately by the jinn. Ultimately, God creates the insane, as He causes men to have a cold or a fever.¹⁶ Incidentally, the orthography of these various terms in Arabic script often leads to uncertainty about the meaning of the text, particularly in the poetry. For example, *jnt* might mean ‘madness’, ‘garden’ or ‘paradise’, or ‘shelter’, and this ambiguity was surely intended.

There were many names for the madman, which conveyed various connotations, and an-Naysābūrī mentions a number of such descriptive terms, often with illustrative poetry. His list is not, however, exhaustive, for there are additional terms in his own stories. *Aḥmaq* was an imbecile or one who was dumb; *ma’tūh* was someone who was born *majnūn*; *akhrāq* was a person who was stupid or unable to manage his own affairs; *mā’iq* was a fool; and *raqī* was a fool who was illogical like the *balīd*, who was idiotic or stupid. The *mamsūs* meant ‘touched’, with the same sense as in English; he was someone whom the jinn or Satan had stricken. The madman might also be called *mukhabbal*, *makhbūl*, or *makhtabil*—all from the same root—meaning confused, disturbed, or muddled. The foolish might be called *anwak*, *buha* (?*bawha*), ‘*arhā*, or *awlaq*. There were a number of terms concerning madness and the insane

¹⁴ See Loosen’s thorough study of an-Naysābūrī’s sources: ‘Die weisen Narren’, 190–202.

¹⁵ ‘*Uqalā*’, Najaf edn., 12.

¹⁶ Ibid. 13–15.

that are obscure, such as *naṭā* for insanity and *dhawla* for the madman. The *mahwūs* was the religious visionary or the deluded; the *halbāja* was the very stupid and ignoble; and *jadhb*, *hajaja*, *rashā'*, and *malgh* meant a stupid person. Furthermore, *ma'lūs* might refer to a madman. Related to madness was the man who was infatuated or enthralled by love, so that he was virtually driven out of his mind. The terms that might be used to describe such a person were *ahwaj*, reckless or foolhardy; *hā'im*, perplexed or senseless; *mudallah*, madly in love; *ablah*, stupid or doltish; *mustahṭir*, heedless or thoughtless; *mālīh*, distracted or bewildered; and *habnaqa'* (?), excessively foolish.¹⁷

An-Naysābūrī gives various examples of stupid people who were irresponsible and might cause harm because of their condition. Among the animals, it was believed by the Arabs that the hyena and the magpie were the stupidest. Madness also occurred among animals: *al-hayām* was a disease that occurred among camels, causing excitement and frenzy. Likewise, various types of madness might strike sheep, she-camels, and, of course, dogs. In humans, there were different sorts of madness, and an-Naysābūrī gives a fine overview of the various facets of the subject. The *mamrūr* was a man who was mad because of an excess of bile in his body; the *mamsūs* was one whom the jinn had attacked; and the *'āshq* was an individual whom love had overwhelmed. Some people were often called mad mistakenly, and they were the young and the childlike, the drunk, and those who lost their minds out of fear of God. Others appeared to be insane or stupid but were sane. An-Naysābūrī gives an example of a shaykh in Maṣīṣa who simulated madness by wearing an iron collar on his neck and chains. A learned man in ar-Raqqā acted very peculiarly; he was evidently a mystic enraptured by love of God. And another man pretended to be stupid and became a successful court jester. Others pretended to be insane in order to escape harm or punishment, and an-Naysābūrī gives a number of reputedly historical illustrations.

For example, al-Ḥajjāj ibn Yūsuf (d. 95/714), the most famous Umayyad governor,¹⁸ entered Medina after putting down the revolt of Ibn al-Zubayr in 73/692. Al-Ḥajjāj met a shaykh and asked him who he was, and the man replied that he was of the tribe of Fazāra. Al-Ḥajjāj, then, asked about conditions in the holy city, and the shaykh said that they were very bad because of the execution of Ibn Hawārā (?). The governor enquired who had killed him, and the man of Medina answered that the profligate and accursed al-Ḥajjāj ibn Yūsuf had crucified him. Al-Ḥajjāj flew into a rage. After a further exchange, al-Ḥajjāj made

¹⁷ Ibid. 16–20.

¹⁸ EI2, s.v. 'al-Ḥadjdjad ibn Yūsuf' (A. Dietrich).

himself known to the shaykh and threatened him with death. In response, the shaykh pretended to be dumb. He defended himself by saying that he was an epileptic (*maṣrū'*)—he was seized by epileptic fits five times every month, and this was the onset of his madness (*junūn*). Consequently, al-Ḥajjāj dismissed him.¹⁹

An-Naysābūrī ends the first part of his book with a number of poetic passages illustrating the wide range between madness and sanity in human behaviour.²⁰ The second half of the book is devoted to reports about mad men and women. An-Naysābūrī gives accounts of over a hundred mad people; fifty-eight proper names are given, while the others are referred to vaguely as a 'madman' or 'madwoman', a 'mad youth' or a 'mad shaykh'.²¹ The wise fools appear to comprise all classes of society, including slaves, as well as ages, races, and professions, but they are all apparently Muslim. Although the accounts of these wise fools give the appearance of actual events, they cannot be relied upon to be historically accurate. These figures are largely vehicles for various religious views, bits of poetry, and anecdotes. Yet, without being overly sceptical of this virtual hagiographical genre, incidental circumstances of the episodes do afford evidence of many aspects about the behaviour of disturbed people and others' perceptions of them.

The illusion of historical accuracy is suggested by the form of the tales. The anecdotes are related as *ḥadīth*, that is, a short text, usually in the form of a dialogue, which is preceded by an *isnād*, or chain of transmitters. In the serious religious *ḥadīth*, the ostensible purpose for an *isnād* was to guarantee the validity of the report from an early source, preferably the Prophet. In the stories of the wise fools, these cumbersome

¹⁹ 'Uqalā', Najaf edn., 41–2.

²⁰ Ibid. 21–46.

²¹ 'Uqalā', Cairo edn., 48–161; Najaf edn., 47–188. According to the latter edition, the sequence of names and possible locations are: Uways al-Qarani, pp. 47–52; Majnūn, pp. 52–8; Sa'dūn (Baṣra), pp. 58–75; Buhlūl (Kūfa), pp. 76–86; 'Uliyān (Kūfa), pp. 86–92; Abū d-Dīk, pp. 92–3; 'Abd ar-Rahman ibn al-Ash'ath (Kūfa), pp. 93–5; Falīṭ (Kūfa), pp. 95–6; Qadis (Baṣra), pp. 96–7; Abū Sa'id ad-Dab'i (Baṣra), pp. 97–101; Ja'ifran (d. 208/823), pp. 101–5; Sahl ibn Abī Mālik al-Khazā'i, pp. 105–8; Abū Naṣra al-Jahani (Medina), pp. 108–10; Ḥayān ibn Khaytham (Baṣra), pp. 110–12; Hammām (?Uṛjān), pp. 112–13; Ba'il or Ja'il, pp. 113–14; Yūhannā (al-Hira), pp. 114–15; Abū 'Alqama, p. 115; Namir (Kūfa), pp. 115–16; Salma, pp. 116–17; 'Ashra (Medina), p. 117; Sābiq (Maharjān), pp. 117–18; Abū Jawāliq, p. 119; Thawbān al-Qarminī, pp. 119–20; Abū Ṣaqr, p. 120; Salama (Mosul), pp. 120–1; Walhān, pp. 121–2; Baṭār (Baṣra), p. 122; Niqra, p. 122; Samnūn, pp. 123–6; 'Abid, p. 126; 'Abdan, p. 127; Ṣabāh, pp. 127–8; Shaqrān, p. 128; Hatahiya, pp. 128–9; Bakār, p. 129; Shaybān (Mt Lebanon), pp. 129–30; 'Afān, pp. 130–1; Laqīṭ (Egypt), pp. 131–2; Maymūn (Wāsiṭ), pp. 132–3, 177–83; Tayūriya (Dayr al-'Aqūl), p. 133; Ghūrīk, pp. 133–5; 'Abbās (Mt Lebanon), pp. 135–6; Mān, pp. 136–9; Razām (Tarsus), pp. 139–40; Jasās, p. 140; Awfi (Mecca), pp. 140–1; U'rābī (Mecca), p. 143; Abū ash-Sharīk (Baṣra), pp. 143–5; Habnaqa, p. 145; 'Awsaja, pp. 146–7; Rihāna (Abla), pp. 147–8; Āsiya, pp. 148–9; Ḥaywana, pp. 149–51; Salamūna ('Abbādān), p. 151; Maymūna, pp. 151–2; Baja (Kūfa), p. 152; and al-U'rābī, pp. 183–8. In the following discussion of tales, page references are given only for the anonymous stories.

isnāds were intended to give a similar impression of the reliability of the account, although they are not usually authentic. Moreover, despite the chains of transmission, the stories of madmen were freely recast in their retelling by different authors, with different characters, locales, and purposes.²² The intention of this form was probably facetious. The purpose was to be morally instructive like the pious *ḥadīth* but in a less ponderous, more entertaining way.

An-Naysābūrī begins with four of the best-known madmen: Uways al-Qaranī, Majnūn (the poet-lover of Laylā), Sa'dūn, and Buhlūl. We have already encountered Uways as an ascetic contemporary of Muḥammad; an-Naysābūrī says that he was the first in Islam to whom madness (*junūn*) was imputed. He adds that Uways knew many of the Prophet's companions, had foreknowledge of events, and counselled and admonished the faithful. A good deal has already been said about Qays ibn al-Mulawwah or Majnūn, while Sa'dūn is a neglected figure.

Sa'dūn apparently lived in Baṣra, where he was famous for his power to intercede with God in order to bring rain to the city after a long drought. Personally, he appears as a highly eccentric individual. In one anecdote he is rebuked for exposing his genitals while he deloused himself, and in return, he criticized the fault-finding of others. Many of the 'wise fools' were indifferent to their appearance, like the 'holy fools' (*majdhūbs*); they would appear naked or almost so, oblivious to social conventions.²³ He would write with charcoal pious admonitions against the worldly on the walls of the city and had similar slogans put on his clothing. Pious verses were reportedly written on the sleeves as well as on the back and front of his woollen robe and also on his staff.²⁴ Like other wise fools, he often cried, lamenting his separation from God. In some tales, his melancholia was attributed to his lack of good works in this world and, especially, his fear of God and Judgement Day, which are common themes in the lives of many of the 'wise fools'.²⁵ He still performed his prayers and was known as an itinerant preacher. He is associated with Dhū n-Nūn, an early mystic and frequent interlocutor of the 'wise fools', and is reported to have preached in Fuṣṭāṭ, the early capital of Egypt. On the other hand, Dhū n-Nūn is alleged to have found Sa'dūn in the cemetery of Baṣra, communing with God, and asked him for instruction. The people called Sa'dūn *majnūn*, but he said that his

²² Loosen, 'Die weisen Narren', pp. 191-7.

²³ e.g. Bakār the Naked, who wore a rag over his private parts and a shaft, like a banner, on his head; see '*Uqalā*', Najaf edn., 129.

²⁴ A madman in Kūfa wore a wide belt around his waist, on which was written love poetry: *ibid.* 159. See also *ibid.* 165.

²⁵ See also *ibid.* 116-17.

condition was caused by the love of God, who had fused his heart with the rest of his body. As in the tales of Buhlül, Sa'dün is said to have met Hārūn ar-Rashīd on the latter's pilgrimage to Mecca; he admonished the caliph, who briefly lost consciousness. Similarly, he wrote to the caliphs Ma'mūm (d. 218/833) and al-Mutawakkil (d. 247/861), and, after an interview with the latter, he was thrown into prison. Eventually the caliph recognized the truth of Sa'dün's preaching and freed him.

Buhlül is the best-known 'wise fool'. He is the only humorous character in Islamic literature that has survived to the present day from the Middle Ages aside from Nasreddin Hoja, the comparable figure in Turkish literature, in which Buhlül has played a correspondingly negligible role.²⁶ Buhlül is an eclectic figure, which may explain his survival in the popular imagination. Nevertheless, he represents the clever, seemingly mad critic of society and its values.²⁷ Buhlül evolved from an ordinary joker into the prototype of the pious 'intelligent madmen', '*āqil al-majānīn*', of the Middle Ages. In the early modern period, there was a marked development of the Buhlül figure. In seventeenth-century Persia, the Shī'ī element of the legend was emphasized, and he came to occupy an important place in popular Shī'ī literature. 'Over the centuries, Buhlül, who had originally been one of the very coarse fools and had gained prominence primarily through his fearless and crass manner of teaching, became a model in recent Shī'ī literature for God-fearing and mystically orientated criticism of worldliness.'²⁸

Buhlül almost certainly existed, but it is impossible to be precise about his life because of the early accretion of legendary accounts. His full name was apparently Abū Wuhayb Buhlül ibn 'Amr (aṣ-Ṣayrafi) al-Majnūn al-Kūfi. He appears to have lived during the reign of the caliph Hārūn ar-Rashīd (d. 193/809) and to have met the caliph on his last pilgrimage in 188/804. Encounters between the two men, in which Buhlül customarily criticized this paragon of worldly power, became a staple of later legends about Buhlül.²⁹ The legends also attributed to Buhlül a close personal relationship with the caliphal family of Hārūn ar-Rashīd. According to mythic accounts, Buhlül lived until the times of the caliphs al-Wāthiq (d. 232/847) and al-Mutawakkil (d. 247/861). Buhlül apparently spent the greater part of his life in Kūfa, his birthplace, while he appears from the stories to have travelled to Baṣra, al-Ḥīra, and

²⁶ See *ELI*, s.v. 'Naṣra al-Dīn' (Fehim Bajraktarevic); Enid Welsford, *The Fool, His Social and Literary History* (London, 1935), 29–34.

²⁷ Marzolph, *Der Weise Narr Buhlül*, p. vii, and for terminology, p. 1.

²⁸ *Ibid.* 2–3.

²⁹ Welsford (*The Fool*, 79–82) emphasizes the court fool/poet aspect of the Buhlül legend.

Tarsus. Buhlūl's tomb in Baghdad has been described by Niebuhr and other orientalist, and an inscription dating from 501/1107–8 designates him as the sultan of the *majdhūbs* (mystics perceived to be 'holy fools') and as an 'obscure, dim soul' (*nafs muṭammasa*).³⁰

If the Buhlūl tradition can be trusted, his father was a relatively wealthy man, but Buhlūl's insanity caused legal difficulties with his inheritance; the circumstances of this anecdote ring true. According to the story, when Buhlūl's father died, he left 600 dirhems, which the judge took for safe keeping. Buhlūl went to the judge and argued that he was not mad and asked for 200 dirhems, so that he could set himself up as a used clothes merchant. When the judge saw that he could conduct business, he would know that Buhlūl was not mad and would give him the rest of his inheritance; if he failed, the loss was not great. The judge gave Buhlūl the 200 dirhems. He took the money and remained in al-Ḥīra, where he squandered all of it. Buhlūl returned to the judge and attested to the fact that he had wasted the money, but he obliged the judge to repay the money because the judge was legally responsible for the inheritance.³¹

From an historical kernel, there grew, therefore, a multifaceted figure, to whom was ascribed a large number of jokes, poetic verses, witticisms, and edifying stories of a quite disparate nature. The early sources describe Buhlūl as 'a fool who makes pithy, jocular remarks and who does not shrink from a crude joke'. Also, the earliest source for Buhlūl mentions his Shī'ism: al-Jāḥiẓ (d. 255/868) depicts Buhlūl as a lunatic with Shī'ī leanings and recounts four coarse jokes involving him.³² By the time of an-Naysābūrī, Buhlūl combined a number of other characteristics and is a 'wise fool'. In the guise of a fool, which, on the one hand, gave him protection and, on the other hand, allowed him a freedom of personae, he was wiser, more respectable, and more Muslim. According to Ulrich Marzolph, who has surveyed the entire Buhlūl legend, the majority of the tales show Buhlūl as a God-fearing admonisher and teacher. Aside from the stereotype of the village idiot, Buhlūl was, in turn, a deeply religious man who had turned away from all worldly cares, trusting only in God; a skilled preacher who measured himself by the severest rules and did not hesitate about addressing his exhortations to the highest authority; and an unconventional social critic.³³ Almost all

³⁰ EI2, s.v. 'Buhlūl'.

³¹ Marzolph, *Der Weise Narr Buhlūl*, 39, no. 31.

³² *Bayān*, ed. Hārūn, ii. 230–1.

³³ Marzolph, *Der Weise Narr Buhlūl*, 7.

the facets of the other 'wise fools' in an-Naysābūrī's collection are combined in Buhlūl.³⁴

In an-Naysābūrī's work, there are fifty-one stories attributed to Buhlūl; only a few of them are found in earlier sources, although some of the stories were known with other protagonists.³⁵ Typical of these tales, the narrator meets Buhlūl and either reports his actions or elicits some response from him. Like other 'wise idiots', Buhlūl is invariably an isolated, marginal figure. He is usually pictured as a cunning vagrant, wielding a staff or riding it as a hobby-horse, and being taunted and abused by children. He frequently seeks refuge and finds solitude in a cemetery, where he is undisturbed in his thoughts of God and the hereafter. As one anecdote says, it was a place where the people did not torment him and did not say ugly things about him when he departed.³⁶ In his study of Buhlūl, Marzolph suggests the psychological motivation of Buhlūl, although the motivation of the 'wise fools' is scarcely discussed in the sources. Nor is there any mention of a physical cause for Buhlūl's madness. A central feature of Buhlūl's condition is his intense sensitivity. On the one hand, he is quite conscious of the vagaries and injustices of human existence, and, on the other hand, he is certain of God's omnipotence and omnipresence. The madness of the wise fool is essentially the uncompromising living-out of this difficult knowledge.³⁷

In sum, Buhlūl's character, despite its inconsistencies, developed away from a crude joker, as depicted by al-Jāhīz, to a more pious protagonist. There is a strong ascetic element that was evidently grafted on to the Buhlūl figure by the time of an-Naysābūrī and was promoted by him. Similarly, a reworking of the legend in the following centuries added a mystical element, which was accentuated by sufi authors, such as Ibn al-Jawzī and Ibn al-'Arabī. In many instances, Buhlūl parallels, therefore, the medieval evolution of the Muslim 'holy fool', which appears to have eventually eclipsed the 'wise fool'.³⁸ Yet, in the stories recounted by an-Naysābūrī, the figure of Buhlūl is not a saint, dispensing *baraka* and performing miracles, nor is he caught in a mystical miasma, making ecstatic pronouncements. There are still vestiges of the village idiot or

³⁴ Loosen, 'Die weisen Narren', 190.

³⁵ See Marzolph, *Der Weise Narr Buhlūl*, nos. 11–27, 1, 28–36, 6, 37–44, 7, 45–58; texts: Cairo edn., pp. 69–77, 81, and Najaf edn., pp. 76–85, 91; translation: Loosen, 'Die weisen Narren', 206–29.

³⁶ Marzolph, *Der Weise Narr Buhlūl*, 35, no. 11.

³⁷ Ibid. 22–3. Cf. Alessandro Bausani, 'Note sul "Pazzo Sacro" nell'Islam', *Studi e Materiali di Storia delle Religioni*, 29 (1958), 99–102; Welsford, *The Fool*, 81–2.

³⁸ Bausani ('Note sul "Pazzo Sacro"', 100) believes, on the other hand, that the stories became progressively more secularized and conflated with the cycles of Juhā and Nasreddin Hoja, although he interprets the 'Buhlūl-Hoja type' as a 'sacred fool' (p. 101).

practical joker, but the dominant aspect is an eremitical moralistic one, which is reminiscent of the mendicant preacher in the medieval West. Sometimes Buhlūl is an arbiter of religious questions; at other times he is a spiritual counsellor. He is always clever, brusque, and critical, either explicitly or implicitly. His criticism is most evident in the letters supposedly written by Buhlūl to various caliphs and officials about their distortion or falsification of Islam. In many ways, his admonitions call attention to the seamy side of sophisticated Muslim life, particularly in his advocacy of charity and genuine piety and his disdain for politics and bourgeois values.

After Buhlūl, an-Naysābūrī enumerates a large number of tales about other fools, the details of whose lives become progressively more limited until they are anonymous figures. Collectively, however, their conditions, even more than their words and deeds, give verisimilitude to a class of society known as 'wise fools'. 'Uliyān, for example, lived in a miller's shop in Kūfa, and he commonly fought the local boys who harassed him with his staff, which was like a spear with a cotton ball at its end with rags hanging down. Yet, only occasionally was the wise fool combative.³⁹ Conversely, Razām the Madman would go out from Tarsus with the people to fight the Christians. When he entered into battle, his madness disappeared; when the killing stopped, he returned home and his madness reappeared.

One story about 'Uliyān relates an interchange with a doctor. 'Uliyān is standing in a street in Kūfā with a doctor whom he is laughing at when a friend, 'Aṭā' as-Salamī, approaches. 'Aṭā' asks the fool what he is laughing at; he replies that he is laughing at this man who treats others but is himself quite ill. The friend, then, asks 'Uliyān if he knows a medicine that will save him. He does know such a potion and offers a 'spiritual prescription'.⁴⁰ The pseudo-medical concoction included leaves of poverty, the root of patience, myrobalan of humility, myrobalan (?*balīlaj*) of knowledge, and agaric of reflection. The ingredients were to be pulverized and put into a pot of God-fearing; water of life is added; and the mixture is cooked over the firewood of love until it foams. Then, it is emptied into the cup of contentment. It should be placed in the drinking-bowl of reflection and tested with the spoon of forgiveness. After drinking the potion, the sick will never return to sin.⁴¹

In another tale, 'Uliyān and Buhlūl are ordered to come to the court of the caliph al-Hādī (d. 170/786), and they comply. Aside from admonishing

³⁹ See also '*Uqalā*', Najaf edn., 122, 161, 172, and 165, where madmen are compared to scorpions, who must be guarded against.

⁴⁰ See also *ibid.* 110.

⁴¹ *Ibid.* 89.

political leaders, the wise fools frequently participated in discussions of theological issues that were controversial in the ninth and tenth centuries.⁴²

Another prominent motif occurs in the stories about 'Uliyān: visiting the Christian monasteries, especially Dayr Hirqil (Ezechial Monastery), to observe the madmen. In one account, Dhū n-Nūn had a dream, in which he was told about a *hakīm*, or wise man, in Dayr Hirqil and was instructed to visit him. He went to the monastery but was told that there was no one there but an idiot (*ma'tūh*), a fool (*mamrūr*), and a sick person. He asked to see them, but he saw nothing until he reached the farthest compartment, where he saw a man bound and shackled to a large rock. Dhū n-Nūn recognized 'Uliyān and greeted him. Asked why he was confined there, 'Uliyān said that it was simply God's will; He tested and healed, punished and forgave. As usual, the anecdote ends with Dhū n-Nūn asking for pious instruction out of respect for the wise fool, and 'Uliyān gives it.

Similarly, as-Sāmārī passed by Dayr Hirqil with a friend who suggested that they visit the monastery to observe the wit (*milḥ*) of the madmen. They entered and met a comely youth who was handsomely dressed; he combed his hair and painted his eyes with kohl. Despite his apparent gentleness and charm, he was chained to the wall. They greeted one another with pious expressions, and the boy recited his poetry. When he elicited their approval, he recited more, but they confessed that they really did not understand what he said. Then, he pulled strenuously on the chain. His tongue stuck out; his eyes protruded; and his lips emitted blood. He lay on the ground an hour and, then, died, and the visitors were very remorseful about the reaction that they had provoked in the young man.⁴³ In another instance, Abū l-Hudhayl al-'Alāf, the famous theologian, travelled from Baṣrā to al-'Askar and passed by Dayr Hirqil and visited it as well. He saw a shaykh with a fine beard in chains and stared at him. When the shaykh caught his gaze, he began to ask him a number of questions: Was the Qur'ān created?—a fundamental issue between the rationalists and the theologians at the time. He answered that it was. Are you Abū l-Hudhayl al-'Alāf? And he said that he was. The shaykh, then, asked about the Prophet and other theological topics. Later, al-Hudhayl visited the caliph al-Wāthiq and told him about his amazing interview with the madman, and the shaykh was brought before the caliph. At the end of the audience the mad shaykh declared: 'The world is a place of the sick (*dār al-marḍī*), and

⁴² See also 'Uqalā', Najaf edn., 77–88.

⁴³ Ibid. 166–7.

the people in it are all ill. The madmen in the hospital have two things: manacles and fetters. We have the manacles of love and the fetters of disobedience.⁴⁴

In a comparable tale, Hārūn ar-Rashīd came to the city of Raqqa, where there was a monastery called Dayr Zakkī. When the caliphal procession drew near, the monks came out and among them was a chained madman. When the caliph approached them, the madman threw himself forward and said: 'Oh Caliph, I composed three verses for you.' And he was allowed to recite them. Then, he asked the caliph for 3,000 dinars to buy a cloak and dates. Hārūn ordered that the exorbitant sum be given to him. The madman left the monastery and became a notable among his people.⁴⁵

The hospital was also a familiar venue for encounters with 'wise fools'. For example, Mubarrad said that he entered a hospital (*dār al-marḍī*) and saw a young man chained to the wall. He asked who he was and what was his profession. The youth was silent and simply stared at the ink-well in Mubarrad's hand. Then, the young man asked if he were a religious scholar or an intellectual and philologist. Mubarrad replied that he was the latter, and they conversed about learned matters.⁴⁶ In another instance, an-Numayrī entered a *dār al-majānīn* and saw a young man in a corner, bound to the wall. The youth asked if he could recite the Qur'ān, and when an-Numayrī said that he could, he requested that he do so. An-Numayrī recited: 'God is All-gentle to His servants, providing for whomever He will. He is the All-strong, the All-mighty' (42: 19). The young man asked him to explain the passage, which he did.⁴⁷ Ibn Ja'far al-Khāqānī at-Tabaristānī, a doctor, recounted that he entered a hospital in Baghdad, and he heard the cries of a restrained shaykh whose tears choked him. The doctor asked him what was the matter, and the deranged shaykh recited verses of poetry.⁴⁸ A comparable meeting with a confined shaykh is said to have taken place in a *dār al-majānīn*,⁴⁹ which apparently meant a hospital because there is no historical evidence for the existence of insane asylums or madhouses *per se*; perhaps, at this early date, the hospitals had already gained a popular reputation for their confinement of the insane. Another story tells of a narrow lane in Mosul that was especially noisy because of the screams

⁴⁴ Ibid. 169–71. See also the report of Thamāma about a youth who was tied to a column in Dayr Hīrql: *ibid.* 172. Madmen also appear to have been fettered when they were at liberty in society; see *ibid.* 173, 175.

⁴⁵ Ibid. 153–4.

⁴⁶ Ibid. 156. See also an encounter with a madman in the *bimāristān* at Baṣra: *ibid.* 157.

⁴⁷ Ibid. 175. For the *dār al-majānīn* in Nishāpūr, see *ibid.* 176.

⁴⁸ Ibid. 161. See also pp. 172–3.

⁴⁹ Ibid. 161–2.

coming from the *dār al-majānīn*. When the narrator, Abū l-Ḥasan al-ʿAnsī al-Muʿaddib (the Qurʾān teacher), entered it, he saw a handsome young man. After greeting one another, the young man explained how he came to be in the hospital and, then, recited his poetry.⁵⁰ Thus, the hospital stereotypically served as the site for learned discourses and poetic displays.

The medical or physical interpretation of insanity is evident in the account of ʿAbd ar-Raḥman ibn al-Ashʿath of Kūfā, who had known the caliphs Abū Bakr (d. 13/634) and ʿUmar (d. 23/644). He had been an important figure in his time, but, then, his bodily bile had overwhelmed him.⁵¹ Consequently, he became mad and was maltreated by the street urchins whenever he left his home. He would sit in the cemetery and would pray to God to take away the bile, but God, as he said, does as he chooses. Similarly, there was a fine, well-groomed youth who faithfully attended the Prophet's Mosque in Medina. Unfortunately, he too was overcome by bile, which 'scorched' him, and he lost his mind. Afterward, he would sit on the dung-heaps. Once a friend passed by him and expressed how painful it was to see him in such a state. The boy replied by praising God who did not make him angry with his fate and His divine decree.⁵² In a further instance, psychological stress appears to be the cause of derangement. Salama was a cultured, charming man of Mosul until his wife died; thereafter, he was insane. He began to preach against the vanities of the world and to recite poetry in the cemetery.

The medical view of insanity is decidedly rare or subordinate in the fools' tales; the spiritual interpretation is paramount. One man named Walhān, which means 'distracted', was convulsed by his love of God. He was apparently an awe-inspiring, dignified preacher who feared no one, and he warned constantly of the Day of Judgement. Ghūrḳ the Madman was also deranged because of divine love, which was tested by the boys who tormented him in the streets. Exceptionally, he was taken to a doctor for treatment. In another tale, Mālik ibn Dīnār passed through some lanes in Baṣrā and saw lads stoning a madman; the boys said that the madman claimed to see his Lord all the time. Mālik held back the boys and asked the madman about the matter. 'He said: "What do they claim?" I replied, "They say that you constantly see your Lord."' The madman cried and recited lines of poetry.⁵³

Similar to the sufi saints, the wise fool was often ascetic, but inconsistently so. Falīt was an idiot (*ma'tūh*) who lived in Kūfā and who

⁵⁰ See *'Uqalā'*, Najaf edn., 162. For another example, see *ibid.* 163.

⁵¹ The same cause for madness is given *ibid.* 114.

⁵² *Ibid.* 157.

⁵³ *Ibid.* 164-5.

apparently believed that he was caliph. Like other fools, Falit would request a certain type of food; in one story it was *‘aṣīda* (a thick paste made of flour and clarified butter). The stories usually indicate the fool's hunger because of his abstemiousness, or simply neglect.⁵⁴ Even, when being stoned by boys, Falit quoted a passage from the Qur'ān about patience (42: 43).

Beside being ascetic, the 'wise fools' were often unofficial preachers or free-wheeling admonishers of the people, reminiscent of the Old Testament prophets. Al-Aṣma'ī is the reputed source of an account of a young madman who stopped Ja'far ibn Sulaymān in his grand procession through Baṣra and forcefully admonished him; thereupon, the amir returned to the palace.⁵⁵ In another instance, Qadīs of Baṣra suffered from delusions and had lost his mind, *dhāhib al-‘aql*—a common description of the insane. Aside from reciting verses of poetry, he recited verses from the Qur'ān and interpreted them. Because Qadīs considered the madman as the personification of the damned, his recitation of the following Qur'ānic verses (40: 71–2) was particularly appropriate: 'When the fetters and chains are on their necks, and they [are] dragged into the boiling water, then into the Fire they are poured; . . .'. The same notion is expressed succinctly in the statement of another madman: 'I am *majnūn* because of my disobedience, not because of my *ma'rafa* [mystical knowledge].'⁵⁶ In other stories a fool might quote and interpret the sayings of the Prophet.⁵⁷

Abū Sa'īd aḍ-Ḍab'ī (the hyena) of Baṣra was also remembered for his preaching. When asked what were the perfect words, for example, he answered the *shahāda*, or profession of faith. What acts? He said: prayer, alms, fasting during Ramaḍān, the pilgrimage, and honouring one's parents. Abū Sa'īd refused to say anything about the contending religious sects and their beliefs. A group of ascetics in Baṣra urged him to preach on the divine command of justice and charity (16: 90), and he used a passage from the Qur'ān (61: 2–3) that was highly critical of hypocrisy, a major subject of the fools' preaching.

Baṭār preached all day in the market-place of Baṣra about the final judgement. Citing the Qur'ān, he reminded the populace of the last reckoning, when God would deal justly with everyone (2: 281). God will provide for those who fear Him; trust in Him was all-sufficient (65: 2–3). And it is unusual that he was allowed to preach in the mosque. Another wise fool, Hatāhiya was mad six months of the year and sane

⁵⁴ See also *ibid.* 163, 175.

⁵⁵ *Ibid.* 171–2.

⁵⁶ *Ibid.* 176.

⁵⁷ e.g. *ibid.* 124.

for six months.⁵⁸ When he was disturbed, he was very talkative, and he would ascend to the roof-tops and say: 'Wake up from the sleep of the heedless before the extinction of the respite. Work in preparation before your time is past.' Also, Maymūn in al-Wāṣiṭ is said to have preached eloquently before al-Ḥajjāj: when the people of idleness see the 'people of love' (*ahl al-maḥabba*), they call them madmen.⁵⁹ One nameless madman 'used to urge the truth: passion overtook him in every glance and every word, so that it overwhelmed his mind'.⁶⁰

The brief account of 'Ashra the Medinan is revealing about another sobering aspect of the fool's plight: the possible ill-treatment by officials. 'Ashra is said to have been a Persian, who sat before the house of Sa'īd ibn al-'Aṣ in Medina. One day the chief of police (*shurṭa*) passed by him and addressed him, but 'Ashra made no reply. After further greetings and no response, the police chief grabbed him, seized his beard, and said to him in Persian: 'Oh beard, when meat becomes corrupt, we treat it with salt; when the salt is corrupted by something, we remove it. Don't we?' Then, he added that in such circumstances, if he returned, he would cry out this name, 'Ashra, whom he would flog. 'Ashra means 'ten' in Arabic, so the point of the anecdote seems to be that the man's name meant ten lashes for undesirable vagrants. In another biography, Tayūrīya was seized and beaten by the police for urinating at the door of a mosque.

Although not conspicuous, miracles were performed by some of the 'wise fools', like Sa'dūn's successful prayer for rain. Another intelligent fool, named Thawbān al-Qarmīnī, was travelling on a boat from Baṣra to Sīrāf when a violent storm blew up. He called upon God, and before the end of his prayer, the wind had calmed. Frequently, the wise fool also had foreknowledge of individuals whom he met. For example, a man saw a black woman named Maymūna in his dreams and was told that she would be his wife in paradise. He went in search of her and was told that she was mad and lived in the cemetery. He found her standing and praying among tranquil sheep and wolves, and she immediately recognized him. Dhū n-Nūn also met a mad slave-girl who was dressed in a woollen robe in the streets of Antioch, and she recognized him. After she explained that it was due to their common yearning from God, she looked up to heaven and said: 'The hearts of His creatures long for Him; their hearts are bound by the chains of humanity.' Ibn Mubārak met a black slave-girl named 'Awsaja ('boxthorn') on the pilgrimage. He was

⁵⁸ Similarly, a young man in Baghdad would be mad for half the year and lucid for the other half; when insane he would recite poetry to passers-by in the streets of the city: *ibid.* 158.

⁵⁹ See also *ibid.* 177–83.

⁶⁰ *Ibid.* 159.

surprised that she knew his name when they greeted one another. He asked her about her power, and she claimed it was a knowledge from God. And al-Qanād described a madman in Egypt, possibly the capital, who possessed intuition. After much searching, he found him and spoke to him, but the madman refrained from talking. Then, al-Qanād looked down at his skin and on it was written his poetry.⁶¹

The poetic gift was clearly expected of the 'inspired', and the expectation was entirely fulfilled, at least in the presentation of these anecdotes. The bedouin Arabs, particularly, seem to have maintained their ancient reputation as enthused poets.⁶² In a number of instances, the fool asks his visitor whether he has a tablet, so that the fool can dictate his poetry, usually on the subject of divine love.⁶³ One Egyptian fool wrote his poetry on the ground with his finger, and Dhū n-Nūn read it.⁶⁴ Some of the fools would laugh unpredictably or inappropriately, often after the recitation of their poetry,⁶⁵ but most were sad and inconsolable. At-Tūnisī tells of a voyage in the China Sea, where they stopped at an island, and he was warned to be cautious about a mad youth. He met the young man, who was greatly distressed and depressed; after their greeting, the youth declaimed his poetry.⁶⁶ Those who were stricken by an unfulfilled love of another were invariably melancholic.⁶⁷ Still other fools fled society altogether. Salamūna was a mad woman in 'Abbādān who, like others, would hide during the day, and at night she would go up to the terrace of her house and recite her poetic invocations to God until morning.⁶⁸ In other men's eyes, their poetry saved these eccentrics from complete ignominy.

⁶¹ Ibid. 168-9.

⁶² See *ibid.* 140-5.

⁶³ See also *ibid.* 122. One man recounted that he entered the hospital in Syria (?) and saw a boy who was fettered and shackled. The mad youth asked the shaykh if he could record his poetry, and the shaykh agreed to his request (p. 160).

⁶⁴ Ibid. 131-2.

⁶⁵ See *ibid.* 135, 158, 72.

⁶⁶ Ibid. 159.

⁶⁷ See *ibid.* 168.

⁶⁸ See also *ibid.* 140.

THE HOLY FOOL

The world is a madhouse, and the people therein are madmen,
wearing shackles and chains.

Abū 'Alī al-Fuḍayl ibn 'Iyād¹

He felt it rising in himself through time and darkness, rising through the centuries, and he knew that it rose in a line of men whose lives were chosen to sustain it, who would wander in the world, strangers from that violent country where the silence is never broken except to shout the truth.

Flannery O'Connor, *The Violent Bear It Away*²

(A) THE FOOL FOR CHRIST'S SAKE

The holy fool was an individual who outwardly behaved in an eccentric manner by the commonly accepted standards of his society; inwardly he pursued a religious ideal or was enlivened by mystical experience. Although holy folly is frequently encountered in many cultures, the ideal of cultivating a highly personal spiritual life to the disparagement of mundane existence is most forcefully displayed in the early Christian Church. The Christian promotion of the holy fool surely had its precedent in the Old Testament prophets, whose outrageous behaviour came to be considered symbolic of their divine mission. Initially, the prophets shared popular derision and scorn with other crazy types but when their garbled messages were thought to be true, they were invested with the role of representatives of God in the wayward world.

The prophet is a fool,
the man of the spirit is mad,
because of your great iniquity
and great hatred. (Hosea 9: 7)

¹ Quoted in al-Hujwīrī, *The Kashf al-mahjūb*, 98. Al-Hujwīrī adds, 'Lust is our shackle and sin is our chain.' See also Naṣrallah Pūrjavādi, 'Analysis of the Concepts of "Aql" and "Junūn" in *'Uqalā-i Majānīn*', *Ma'ārif*, 4 (1987), 14-16.

² London, 1985, p. 242.

This persistent paradox is an expression of the stark division in the monotheistic religions between the sacred and the profane, which at times was precariously bridged by the madman.

The beginning of the strong Christian tradition of the holy fool is usually attributed to Paul, who discusses holy folly especially in his letters to the Christians in Corinth.³ Paul was responding in his first letter to the Corinthians to serious theological and ethical problems that had arisen among the nascent Christian community in Corinth. One theme of the epistle is folly, and Paul played on it with his remarkable rhetorical skill. He uses folly, naturally, in apposition to wisdom, and he appears to argue against wisdom of two kinds: the sophisticated philosophical learning of the Corinthians, which had created dissension and conflict, and worldly values in general. As Paul stated succinctly: 'If any one among you thinks that he is wise in this age, let him become a fool that he may become wise. For the wisdom of this world is folly with God.'⁴ In this perplexing reversal of ordinary values, Paul offers a spiritual truth—a belief rather than a closely reasoned argument. 'We impart a secret and hidden wisdom of God, . . . None of the rulers of this age understood this.'⁵ This mysterious wisdom is far greater than what human effort can achieve, and it is incomprehensible to the 'rulers of this age', by which Paul meant the demonic powers that governed this world. The unspiritual or natural man could not understand the gifts of the spirit; to them, Christianity was foolishness (*moria*).⁶ Furthermore, to the Corinthian Christians, who seem to have been critical of Paul's leadership and to have turned to other teachers, Paul makes a highly ironic statement in order to shame them. He tells them that they are rich and powerful, while he and the other apostles are treated like despised captives drawn behind a triumphant victory procession. In this context, Paul sarcastically asserts: 'We are fools for Christ's sake, but you are wise in Christ.'⁷ If it is ironic, the statement can only mean that Paul and the other apostles are wise in the secret Christian gnosis and the Corinthians are foolish. Indeed, Paul proceeds to say that it is his example that should be followed: Christians should be inwardly rich in the spirit and outwardly humble and forgiving, steadfast and conciliatory.⁸

³ John Saward, *Perfect Fools* (Oxford, 1980) conveniently surveys the Christian tradition of the holy fool in the Western Catholic and Eastern Orthodox Churches, particularly in 17th-century French Catholicism, but his objective is primarily apologetic.

⁴ 1 Cor. 3: 18–19.

⁵ 1 Cor. 2: 7–8.

⁶ 1 Cor. 1: 18. On *moria* in the New Testament, see Saward, *Perfect Fools*, 5.

⁷ 1 Cor. 4: 10.

⁸ 1 Cor. 4: 11–21.

This is hardly the guidance for holy folly that is conventionally attributed to Paul, nor was his general behaviour and his preaching characterized by irrationality, if we can judge from his letters and the Acts of the Apostles. Paul does call himself a 'madman' because of the great hardships that he endured as a missionary,⁹ but it is clearly meant metaphorically. He is also consistent in demanding of the Corinthians that they do not think him foolish;¹⁰ he boasts of his authority, which he calls 'a little foolishness', but it is really a defence against the claims of others to leadership of the Christian community in Corinth. Most clearly, Paul's defence of his actions before Herod Agrippa II is not that of a holy fool; on the contrary, Festus, the Roman governor, declared, 'Paul, you are mad, your great learning is turning you mad.' To which Paul responded: 'I am not mad, most excellent Festus, but I am speaking the sober truth.'¹¹ The key to understanding Paul's madness is the appeal that he, then, makes to Agrippa: 'Do you believe the prophets?'¹² For Paul saw himself as well as the other apostles in the mould of the Old Testament prophets, and his teaching—principally that Jesus and his resurrection were the unfolding of Jewish prophecy—was only insane to a malevolent world. It was a secret spiritual truth that appeared foolhardy to the unspiritual. If, then, Paul was not a holy fool in the medieval sense, where did the notion come from?

Paul was surely the most learned of the apostles, and he used his talents to give expression to his personal religious experience, which was, not unexpectedly, difficult to describe, and to expound Christian teaching, which was essentially irrational. Paul's rhetoric, employing all the devices of classical locution, appears to have been interpreted with astonishing literalism by later Christians; irony and metaphor, allegory and paradox were flattened out and interpreted as statements of fact. The reason for this literalism was the disciples' earnest desire to be Christ-like. Moreover, unlike the Old Testament prophets, Jesus' life was to be imitated, not merely heeded, by his followers, who also expected to share in his charismatic powers. Thus, the notion of the Christian holy fool appears to go back directly to Jesus, whose unusual behaviour—by contemporary Jewish standards at least—created a model of Christian conduct; it was as formative in its way, particularly in the development of the holy man, as Muḥammad's less idiosyncratic life, which set the direct and more practicable pattern for a devout Muslim life.

This Christian literalism and imitation of Jesus was greatly reinforced and redirected by the wave of Platonism that swept over the Church in

⁹ 2 Cor. 11: 23–33.

¹¹ Acts 26: 24–5.

¹⁰ 2 Cor. 11: 16.

¹² Acts 26: 27.

the second century. The 'folly' of Christian teaching became much more than a defence against the criticism of learned opponents, a description of a simple, unphilosophic doctrine or a hope and consolation for the downtrodden. The secret knowledge *was* folly. Having given up on saving mankind by His wisdom, God would save it by divine madness, which was dramatically represented in the madness of sending His son into the world and to his inevitable destruction. Jesus was mad—had not his own family recognized it?¹³ Paul was mad—had he not had his own ecstatic experiences?¹⁴ And didn't the early Christians speak in tongues and prophesy?¹⁵ It was, of course, a 'good madness': the highest mystical rapture of the Christians was Platonic ecstasy.¹⁶

As we have seen, men's greatest blessings, according to Socrates and reported by Plato, are supposed to come from charismatic manias sent by the gods: prophecy, mysticism, poetry, and love. In a frenetic state, a selected individual undergoes *ekstasis*, a state of being outside himself, or mental alienation, and his soul experiences a higher and more desirable reality. The organically insane were thought to share this experience with the ecstasies, and the merely mad and the divinely mad were believed to be intensely happy in their manias, like the medieval holy fool, who was often characterized as merry and joyful.¹⁷ Obviously, Plato's theory relied on the dichotomy between the body and the soul, which significantly became orthodox belief in both Christianity and Islam during the Middle Ages. Accordingly, madness might be explained by the fact that the weakened body of the medically insane allowed the soul partially to escape; in the otherwise sane, the soul sought constantly to escape the restraints of the body and, exercising its inherent powers, to rise to its celestial home. 'Whenever the soul succeeds in freeing itself somewhat from the body's fetters—even through merely organic madness, but especially through the divine kinds—something divine may be glimpsed by it in its frenzied wanderings.'¹⁸ The insane might be inspired by good daemons, by love, or by the perception of divine beauty or truth. This grand philosophical design was carefully tailored to fit the central teachings of Christianity, with the obvious substitution of God for the pagan deities, the denial of the possibility of possession by good spirits—all classical daemons became evil demons, and all possession was demonic—and priority given to amatory mania. As we

¹³ Mark 3: 21.

¹⁴ 1 Cor. 14: 18, 2 Cor. 12: 1–14.

¹⁵ 1 Cor. 14: 1–40.

¹⁶ See M. A. Screech, 'Good Madness in Christendom', in *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. W. F. Bynum, Roy Porter, and Michael Shepherd, 1 (London, 1985), 25–39.

¹⁷ Ibid. 28.

¹⁸ Ibid.

shall see, this Platonic scheme of good insanity will reappear in Ibn Khaldūn's explanation of the Muslim holy fool. Insanity itself gained in stature as well as in ambiguity in late antiquity; it might not be an evil possession that demanded exorcism or a natural illness requiring treatment, but the divine infusion, the privileged mania of the holy man.

Platonizing interpretations of the New Testament naturally lit upon the authoritative letters of Paul, who had spoken so often about madness—both God's and his own—and who had had mystical experiences. An important passage in this regard is 2 Corinthians 5: 13: 'For if we are beside ourselves, it is for God; if we are in our right mind, it is for you.' From the Platonic point of view, it was understood to mean that Paul was eminently sane on behalf of the faithful and reserved his ecstatic madness for God. Thus, Paul became the pre-eminent holy fool: 'the supreme example of a privileged "madman", who ecstatically loved God, happily and blessedly'.¹⁹ Neither possessed by evil spirits nor physically sick, the medieval holy fool was madly in love with God and, like most lovers, foolish in the eyes of the world.

Two closely related kinds of 'folly for Christ's sake' are discernible in the early Church, 'holy idiocy' and 'holy folly', and they are often associated with the vigorous development of Christian asceticism.²⁰ The distinction emphasizes the two aspects of holy madness: the accessibility of the unphilosophic truth of Christianity to all and the possibility of mystical madness to a few. The 'holy idiot' was a person who turned away from worldly affairs to adopt a solitary spiritual life.²¹ A consistent theme of holy idiocy was the self-oblation that Christian teaching enjoined on the true believer.²² It was this denial of self-will that the Christians said the world found foolish or absurd—not the non-Christians, who would probably have found other beliefs more ridiculous. In any case, complete self-abnegation was exceedingly

¹⁹ See M. A. Screech, 'Good Madness in Christendom', 32.

²⁰ Seward, *Perfect Fools*, 12. It appears mistaken to say that holy folly was 'nearly always in close historical relation to monasticism' (pp. 12, 17), judging by the lives of the holy fools that are recounted by the author; the fools were, naturally, marginal to the institutional Church and frequently at variance with it. This misunderstanding seems to be explained by Seward's desire to show the fruitful tension between charisma and church: 'here is the development of an apparently wild and unrestrained spirituality *firmly and loyally* within the limits of what to some seem monolithic, authoritarian, ecclesiastical organizations' (p. x). Moreover, any such assessment as this must take into account the objectives of the hagiographers, who reined in the excesses of the holy fools in order to present them as thoroughly orthodox.

²¹ The classical Greek word bore the unfavourable connotations of the non-citizen; in modern parlance, the 'idiot' was a 'marginal man' or a 'loner', not one who was stupid or mentally deficient.

²² Seward, *Perfect Fools*, 6 *et passim*.

difficult for most people, and only a few—the holy idiots—could achieve it.

Palladius tells the story of Sarapion Sindonites, a vagabond ascetic, who wore only a loincloth and lived in utter poverty. He sold himself to a troupe of Greek actors, whom he later converted. He wandered from Egypt to Greece and Italy, and in Rome he met a female ascetic who lived in seclusion. To demonstrate that she was truly indifferent to worldly concerns, Sarapion commanded her to undress and follow him, similarly naked, through the streets of the city. The woman argued that it would cause a scandal and that people would accuse her of being insane and possessed by demons. 'But what does that matter?' Sarapion replied. Still, she refused. Then, he said to her: "See now, do not consider yourself more pious than the others, or dead to the world, for I am more dead in that sense than you are; in fact I will show you that I am dead to the world, for I will do this without shame and without feeling." Thus he left her humbled and broke her pride.²³

The early female 'fool for Christ's sake', a nun in the convent at Tabennisi, feigned madness. She was believed to be demented by the other women in her convent; she was held in contempt by the nuns and was poorly treated by them. 'She wore a rag around her head—all the others had their hair closely cropped and wore cowls. . . . Not one of the four hundred [nuns] ever saw her chewing all the years of her life.' The nun was satisfied with the crumbs off the tables and what she could scrape out of the pots and pans after the other nuns' meals. Furthermore, she never showed any anger at her maltreatment; nor did she ever talk. Saint Piteroum, a famous Egyptian anchorite, however, was led by an angel to the convent, having been told that one of the nuns was a saint and more holy than he was. The holy man asked to see the whole community but could not find the saint. When he insisted that one must be missing, the women admitted that only the mad woman was absent. Piteroum demanded that she be brought to him, and they brought her from the kitchen. When the holy Cinderella entered, Piteroum recognized her as the saint, and he fell to her feet and asked for her blessing. 'She also likewise fell at his feet and said, "Bless me, master." They were all amazed and said to him, "Father, do not let her insult you; she is mad." But Piteroum said to them all, "*You* are mad. For she is your mother and mine . . . and I pray that I may be deemed as worthy as she on the Day of Judgement.' The nun was, then, venerated by the other women, so she fled from the community.²⁴

²³ Palladius, *Lausiaca History*, 105–10.

²⁴ *Ibid.* 96–8.

In this short legend are encountered the common elements of the holy innocent: the incognito, self-abasement and ill-treatment, recognition and escape, and the moral lesson.²⁵ The late Greek term used for the mad saint is *sale*; this was the word, according to Palladius, that was commonly used for a woman who was afflicted by demons (*paschonsai*), so that they beat her and humiliated her.²⁶ *Salos* became the usual designation in Greek for the 'fool for Christ's sake', and it became a recognized category of spirituality in the Eastern Church like 'martyr' or 'virgin'. The New Testament term *moros* was not used, which suggests that holy idiocy did not arise directly from the teaching of Paul but within the context of early asceticism, which drew on the belief in demonic possession. Most likely, the early Christians were quite aware of the difference between *moros* and *salos*. Palladius' citation from Paul (1 Cor. 3: 18), however, does show how the early hagiographer understood holy idiocy and defended the equation of the two terms.²⁷

An example of simulated madness is apparent in the Life of Ammonas, who was Anthony's disciple and successor in the monastic community that Anthony founded in early fourth-century Egypt. The event may be significant because it suggests that pretended insanity was one of the common practices of early Christian asceticism. Ammonas' pretence was shaken by a contemptuous remark when some people came to him to be judged. A woman standing near Ammonas turned to her neighbour and remonstrated, 'The man is mad.' He heard it and rejoined: 'How much labor have I given myself in the desert to acquire this folly and through you I have lost it today!'²⁸

One kind of feigned insanity, which is also found among the later sufis, was the person who appeared publicly to be a lunatic but who undertook secretly a life of strenuous religious discipline.²⁹ John of Ephesus (d. AD 586) tells the interesting story of Theophilus and Maria, who were 'children of eminent men of Antioch, who despised the world and all that is in it and lived a holy life in poverty of spirit, wearing an assumed garb'.³⁰ Although originally betrothed to one another, they were converted to celibacy and a life of holy folly by Procopius of Rome.

²⁵ Lennart Rydén, 'The Holy Fool', in *The Byzantine Saint*, ed. Sergei Hackel (Studies Supplementary to Sobornost, 5; London, 1981), 106.

²⁶ Palladius, *Lausiaca History*, 98; Rydén, 'The Holy Fool', 106.

²⁷ Rydén, 'The Holy Fool', 107.

²⁸ *The Sayings of the Desert Fathers: The Alphabetical Collection*, trans. Benedicta Ward (London, 1983 repr.), 27. Anthony is reported to have said: 'A time is coming when men will go mad, and when they see someone who is not mad, they will attack him saying, "You are mad, you are not like us"' (ibid. 6).

²⁹ Cf. Émile Dermenghem, *Vies des saints musulmans*, new edn. (Algiers, 1959), 348.

³⁰ *Lives of the Eastern Saints*, ed. and trans. E. W. Brooks (PO, 19: 2; Paris, 1925), 164.

Theophilus had seen Procopius clad as a beggar, standing in a pile of dung in his father's stables, but with his arms outstretched in prayer and with a ray of light coming from his mouth. Subsequently, Theophilus and Maria dressed themselves in outrageous costumes—he as a mime-actor and she as a prostitute—and they went to Amida, where 'they used often to perform drolleries and buffooneries, being constantly in the courts of the church like strangers, making fun of the priests and the people, and having their ears boxed by everyone as mime-actors'.³¹ John, however, discovered their true identities one day, when he followed them and observed them praying from the city wall.

The Life of St Alexius, the 'Man of God', represents another variant of this theme, the virtually undisclosed holy idiot. The numerous accounts of his life appear to go back to a late fifth-century Syriac version of the legend.³² In later, more developed forms of the story Alexius was the only son of a rich Roman senator; he fled his wife on their wedding-night and went to Syria, where he undertook a life of extreme poverty and lived near the Church of the Mother of God in Edessa. For seventeen years he lived in obscurity until the Mother of God revealed his sanctity to the people, whereupon he returned to his father's house. His father did not recognize him but treated him with charity, giving him employment and a corner under the stairs in which to live. For another seventeen years he lived in this manner, ill-treated and mocked by the other household servants. Only at his death was his true identity revealed.³³

Despite the possibilities for highly eccentric individual behaviour, holy idiocy was also well suited to the development of Christian monasticism. John Cassian (d. AD 435), in his *Institutes* for the coenobitic life, enjoined every monk to 'become a fool in this world . . . in order to be wise', which meant an uncommon obedience to the law of God and the direction of his spiritual director.³⁴

The 'holy fool' was usually a holy idiot, but this person was foolish in the eyes of both the world and fellow-Christians, being doubly mad. The folly might be feigned, in order to conceal and to nurture privately one's spirituality, or real, the divine madness of the enraptured, or both. We have mentioned a number of the early Christian saints who were thought

³¹ Ibid. 166–7.

³² On the Syriac Life, see Hans J. W. Drijvers, 'Hellenistic and Oriental Origins', in *The Byzantine Saint*, ed. Sergei Hackel (Studies Supplementary to Sobornost, 5; London, 1981), 26–28.

³³ Saward, *Perfect Fools*, 18–19.

³⁴ Ibid. 14. I have given a slightly different interpretation to the *Institutes* from that of Saward.

to be insane as a way of understanding healing in the early Middle Ages. From the inside, so to speak, these same figures represent various modes of saintly madness.

We have already recounted the lives of the mad trio, Andrew, Mark, and Simeon. Andrew the Fool represents best the ecstatic madman who was also endowed with supernatural powers.³⁵ Mad Mark successfully feigned madness in the streets of sixth-century Alexandria until he was recognized. And Simeon Salos, the first saint to be venerated explicitly as a 'fool for Christ's sake', most dramatically acted out the pretence of madness and used it for various reasons. According to Leontios, his biographer, Simeon's primary objective was to save men from their sins and from the attacks of the demons. 'The whole aim of this all-wise Simeon was this. First to save souls, either through visitations which he brought about in an absurd or ingenious way, or through wonders which he performed foolishly, or through instructions which he gave while playing the fool. Second, to keep his virtue secret, lest he become the object of praise and honour.'³⁶ Simeon appears to have exploited the role of the holy fool to the fullest. Personally, his guise of insanity was a way to increase his faith and not to be tempted by spiritual pride; it was apparently a form of training in *apatheia*, passionlessness or insensitivity to material concerns, which would later so strongly characterize Muslim piety. Judging by his miracles, Simeon appears to have benefited from the blessings of divine madness as well. For he seems to have used his madness to convert Jews and heretics, to criticize the sinful with impunity or to punish them, and to heal the possessed. At the other extreme, the Life of Alexius suggests that holy idiocy was sufficient unto itself. It was one means of achieving sanctity while remaining within society but free from its constraints.

(B) *THE FOOL FOR GOD'S SAKE*

The varieties of religious experience among Christian adepts were witnessed by the early Muslims in their conquered territories and, probably, beforehand in pre-Islamic Arabia. Although it is undemonstrable in any quantitative sense that there were direct borrowings, it was quite natural that Muslim spirituality took similar, although not identical, forms to that of early medieval Christianity. Specifically,

³⁵ Saward, *Perfect Fools*, 20, considers Andrew's madness to have been feigned.

³⁶ Quoted in Rydén, 'The Holy Fool', 109.

Christian ascetics continued to exist in the Middle East after the Arab conquests and had contacts with Muslims, so that 'Islam, during the first centuries, dared to learn, and in fact did learn, from Christian ascetic piety.'³⁷ This asceticism was gradually reshaped and rechannelled by Muslims, according to their beliefs, into an accessible mystical piety.

(1) Ascetic Aesthetes

There can be little question that 'holy idiocy' was a common phenomenon in Islam. To be a 'Muslim' means to surrender oneself to God's will; complete surrender or trust in God could easily appear foolish to the eyes of the worldly wise.³⁸ A number of early Muslims appear to have pursued this ideal. They may have been uneducated but not necessarily poor; they may have been predisposed to an ascetic way of life but not necessarily an eccentric one. Thus, a Pauline view of a simple and sufficient faith, which defied the powerful and wise, is easily found in Islam and its exegetical literature.³⁹

Thus, ascetic piety was an integral part of nascent Islamic society, and it furnished the background to the development of Muslim mysticism, which has largely obscured its origins. In early Islam, the pious, who were often poor, are represented by the largely legendary *ahl aṣ-ṣuffa*, the companions of Muḥammad who were sheltered in a vestibule (*ṣuffa*) of the Mosque of Medina, giving rise to another explanation for the term *ṣūfī*. When not fighting on behalf of the Prophet, they were said to have devoted their time to study and worship.⁴⁰ Abū Naṣr al-Jahanī, 'the afflicted' (*al-muṣāb*) (d. 194/804–10), was a member of the *ahl aṣ-ṣuffa*; he is, perhaps, illustrative of an original ascetic piety, which was later compounded with mysticism.

Abū Naṣr was reportedly a madman (*majnūn*); he was demented (*dhāhib al-ʿaql*) and would sit with the *ahl aṣ-ṣuffa* in the back of the Prophet's Mosque in Medina. If asked something, he would give a suitable and praiseworthy answer. To an interlocutor, he gave intelligent

³⁷ Tor Andrae, *In the Garden of Myrtles: Studies in Early Islamic Mysticism* trans. Birgitta Sharpe (Albany, NY, 1987), 12; Andrae appears, however, to overstate (p. 8) the case for Christian influence on the genesis of Islam. See, for example, the meeting of the 'wise fool' Samnūn with a monk in his cell ('*Uqalā*', Najaf edn., 125), although the purpose of the encounter was probably apocryphal, the circumstances are quite realistic.

³⁸ Pūrjavādī, 'Analysis of the Concepts', 22. Pūrjavādī gives a strongly religious interpretation to madness; see his study of Tūṣī (ibid. 169–99) as an example of a sufi 'wise fool'. See also Schipperges, 'Der Narr und sein Humanum', 2.

³⁹ Schipperges, 'Der Narr und sein Humanum', 3–4.

⁴⁰ *EI2*, s.v. 'Ahl al-ṣuffa' (W. Montgomery Watt).

definitions of honour, manliness (*murū'a*), generosity, and avarice. When Hārūn ar-Rashīd visited (possibly in 173/790) the Mosque of the Prophet, he summoned the *ahl aṣ-ṣuffa* to him, which included Abū Naṣr. He admonished the caliph for his failings; in return, Hārūn offered him a large sum of money that he refused, and he urged that it be given to the people. In another episode, Medina was stricken by drought and locusts. Abū Naṣr prayed for aid, and the *baraka* of his prayer was given credit for the people's relief. In the collection of tales about 'wise fools' by an-Naysābūrī, Abū Naṣr is the only person to whom *baraka* is attributed. But like the 'wise fool', Abū Naṣr was in the habit of going through the city on Fridays preaching to the people, reciting the following passage from the Qur'ān (2: 123): 'and beware a day when no soul for another shall give satisfaction, and no counterpoise shall be accepted from it, nor any intercession shall be profitable to it, neither shall they be helped'.⁴¹

It is difficult to determine how much of the life of Abū Naṣr is legendary and how much is true. He appears in the medieval period as a composite figure made up of apparently contradictory attributes, but he symbolizes well the Muslim ideal of holy folly, which became a largely sufi notion. The author of a twelfth-century history of sufism, Ibn al-Jawzī, clearly claims Abū Naṣr and many other madmen as important figures in the early history of sufism. He labels them as 'wise madmen' (*'uqalā' al-majānīn*). It would appear that by the twelfth century this term had been taken over by sufis and was equivalent to 'holy fools'. Earlier, *'uqalā' al-majānīn* did not invariably have the connotation of mystics; a 'wise fool' was an eccentric individual who only appeared to be mad and was definitely clever at criticizing, warning, or making fun of others, usually with a pious or moral intent, but there was always an element of uncertainty.

Thus, Ibn al-Jawzī gives a number of biographies of 'wise madmen', whom he clearly equated with 'holy fools', and he presented them in a very positive light as forerunners of medieval mysticism. Often such a figure is simply referred to as *majnūn*. Ibn al-Jawzī tells of one man who stood naked at the door of the mosque in Ruṣāfa repeatedly proclaiming: 'I am the madman of God' (*anā majnūn allāh*).⁴² Most of the individuals are described as having lost their reason (*'aql*), but they were not said to be 'possessed'. One man named Sābiq was 'an idiot (*ma'tūh*); lacking reason (*dhāhib al-'aql*), he had gone wild (*tawahḥasha*)'.⁴³ Together with

⁴¹ *'Uqalā'*, Najaf edn., 108-10; Ibn al-Jawzī, *Kitāb Ṣifat aṣ-ṣafwa*, ii. 112-13.

⁴² *Ṣifat*, ii. 292.

⁴³ Ibid. iv. 45.

Abū Naṣr, Ibn al-Jawzī described nineteen mad people.⁴⁴ Aside from one itinerant, they are associated with cities in Iraq, Syria, and Palestine; eleven are named, and fourteen are men and five are women. The mad women include a girl who was confined within her family's house, a slave-girl among the bedouin, a black shepherdess, and a hermit outside the wall of Jerusalem. All the figures are reportedly early, and many are associated with Dhū n-Nūn al-Miṣrī (d. 246/861), the cicerone of ascetic mysticism.

Dhū n-Nūn was an early mystic who had an appreciable influence on the development of sufism. Aside from books on magic and alchemy that are attributed to him, his mystical teachings, including prayers and poems, were transmitted by others. He was the first to expound the sufi doctrine concerning the ascetic preparation of the neophyte for his mystical progress.⁴⁵ Symbolizing the bridge between early Muslim asceticism and sufism, he wandered through Egypt, Syria, and Palestine visiting anchorites, among whom he met a number of holy fools. Usually there was a brief conversation, in which the fool recited several verses or gave Dhū n-Nūn some pithy advice, whereupon the ascetic often died ecstatically at the end of the interview. The major theme of these encounters and, consequently, of Dhū n-Nūn's teaching was the notion of the pure love of God.⁴⁶

For example, Dhū n-Nūn met a gnostic (*raḥul min ahl al-ma'rifa*) on Mt Lakām. Later, he encountered a group of pious men (*muta'abbidīn*), and he asked them about this man. They said that he was one of the madmen (*majānīn*). Dhū n-Nūn enquired how they recognized his madness. They replied that most of the time he was distracted (*hā'imān*) and absent-minded (*sāhiyān*); he spoke to himself and was unintelligible when he conversed with others. The gnostic wailed most of the time and cried. Dhū n-Nūn wondered about this madman and asked the pious to show him where the man lived, and they indicated a nearby river valley. Dhū n-Nūn searched for him there, and he heard someone reciting poetry about spiritual love. He found the gnostic gaunt and parched by the sun, and he was like the distracted (*wālih*) and confused (*ḥayrān*). The two men greeted one another, but the gnostic stared out into space

⁴⁴ Ibid. ii. 288–90 (Sa'dūn al-Majnūn); ii. 290–1 (Buhlūl); ii. 292 (Abū 'Alī l-Ma'tūh); ii. 292 (a *ma'tūh/majnūn* in Ruṣāfa); ii. 292–3 (a young man in a Baghdad hospital); iii. 114–15 (Nāmīr al-Majnūn); iii. 121–2 (Māyūna s-Sawdā'); iii. 122–3 (Bakka (?)); iv. 34–5 (slave-girl); iv. 39–40 (Rihāna); iv. 45–6 (Sābiq); iv. 222–4 (a madman); iv. 265–6 (a madman); iv. 313–14 (a madman); iv. 316–17 (Shaybān al-Musāb); iv. 317–18 ('Abbās al-Majnūn); iv. 320–1 (a madwoman); and iv. 372–3 (a madman).

⁴⁵ *El2*, s.v. 'Dhu 'l-Nūn, Abu 'l-Fayḍ' (M. Smith).

⁴⁶ Dermenghem, *Vies des saints*, 337–40.

and recited more poetry. Then, Dhū n-Nūn asked, 'Are you a madman (*majnūn*)?' He answered, 'I have been called that.' Allowed to proceed with his questioning, Dhū n-Nūn enquired: 'What is it that has endeared the solitude to you, cut you off from intimates and captivated you in these valleys?' He answered: 'My love for Him has enchanted me; my desire for Him inflamed me; and my passion for Him isolated me . . .' 'What do you find in your solitude?' He replied: 'The truth, His glory.' Eventually, the gnostic observed that the speech of the *majānīn* pleased Dhū n-Nūn, and the latter conceded that it did, but it also troubled him. Then, Dhū n-Nūn asked him about the truth of his divine ecstasy (*wijdān*). The madman let out a great scream, so that the mountains quaked with his cry. And he proclaimed: 'Thus is the death of the truthful.' And he fell down and died.⁴⁷

In the biographies of Ibn al-Jawzī, the lunatic typically lived outside a city, usually in a cemetery—the 'dwelling-place of both the noble and the lowly'⁴⁸—or in the never-distant wasteland. In such isolated places the narrator encountered and interrogated the insane, in a way reminiscent of the interviews conducted with the madmen in the hospitals.⁴⁹ The elusive mad people are usually hermits (*nussāk*), living on nuts and herbs; they are usually melancholic, other-wordly, and anxious. The behaviour of a holy eccentric in Jerusalem was caused not by a madness (*junūn wa wald*) but by restlessness and separation—from God.⁵⁰ Unlike the later saints, the extreme ascetics rarely worked wonders. Some are portrayed as rigorous in their devotions, often seeking refuge in a mosque, while others are oblivious to religious obligations, but the individuals are always Muslims in Ibn al-Jawzī's account. They commonly wear a wool robe (*jubba*), the sign of the Muslim mystic.⁵¹ 'Muḥammad Ibn Mubārak said, "I ascended Mt Lebanon, and there was a man upon whom was a stitched wool robe. On the sleeves was written: 'It is not sold or bought.'"⁵² These mad sufis might recite poetry or extol spiritual virtues. For example, Dhū n-Nūn met a holy madman named Shaybān in a cave on Mt Lebanon. The madman declared that, to whomever God is near, He gives four qualities: 'power without a clan and knowledge without learning, wealth without money and intimacy without society'.⁵³ The goal is obviously the mystical one. Dhū n-Nūn met a female mystic in the river valley near

⁴⁷ *Ṣifat*, iv. 313–14.

⁴⁸ *Ibid.* ii. 292.

⁴⁹ One biography is placed in a Baghdad hospital: *ibid.* ii. 292–3.

⁵⁰ *Ibid.* iv. 223.

⁵¹ *Ibid.* ii. 288; iii. 122; iv. 34.

⁵² *Ibid.* iv. 318. In '*Uqalā*', Najaf edn., 135, this man is identified as 'Abbās the Madman, and it is the probable source for Ibn al-Jawzī's account.

⁵³ *Ṣifat*, iv. 517. See '*Uqalā*', 129–30.

Jerusalem, and he asked an old woman who she was. She replied, 'Have you not heard the wisdom of the distracted? She is my daughter, whom the people have believed for twenty years to be mad, but the yearning for her Lord has killed her.'⁵⁴

(2) Feigned and Cultivated Madness

Al-Hujwīrī said that the gnosis of God was of two kinds—cognitive as well as intuitive. The rationalists of his time had argued that knowledge was intellectual and only a reasonable person (*'āqil*) could possess it. But to al-Hujwīrī, this doctrine was disproved by the fact that madmen in Muslim society were deemed to have gnosis, as were children, who were not reasonable. The sole cause of human gnosis is God's grace and favour.⁵⁵ On the basis of such reasoning, there developed within Islam a strong tradition of 'holy folly'; indeed, it became the primary goal of the sufis.⁵⁶ This Muslim 'holy folly' represents the mystical type of madness—the direct rapport with God and the subsequent benefits of divine wisdom—more than the conscious concealment of one's spirituality from the unholy world that is found to predominate among the 'fools for Christ's sake'. Perhaps this was because the mystical goal was more accessible in Islam than in Christianity. In any case, the model behaviour for a Muslim holy fool was, of course, not Jesus or Paul, but neither was it usually Muḥammad. Any accredited spiritual mentor could serve as an authentic guide, while the possibility of direct intervention by God might circumvent the power of any paradigmatic leader. Thus, both feigned and actual madness 'for God's sake' became recognized forms of Muslim spirituality. The inflation of mysticism, or the familiar expectation of other-worldly experience, particularly from the eleventh century, seems to have made divine madness, both transitory and continuous, almost commonplace; consequently, it widened the bounds of social tolerance for unusual behaviour and 'altered states' of consciousness.

⁵⁴ *Sifat*, iv. 321.

⁵⁵ Al-Hujwīrī, *The Kashf al-mahjūb*, 267–8.

⁵⁶ The only previous study devoted to the Muslim holy fool is Alessandro Bausani, 'Note sul "Pazzo Sacro" nell'Islam', in *Studi e Materiali di Storia delle Religioni*, 29 (1958), 93–107. This brief account, which sees the holy fool as an 'historicization of "mythic" events' ('storicizzazione di eventi "mitologici"' (p. 95)), differs fundamentally from the historical approach adopted in this study, as well as in the analysis of holy folly itself. Undoubtedly, many anecdotes and miraculous feats were attributed to holy fools, particularly at the hands of story-tellers and hagiographers, as they were to famous doctors and statesmen, but that does not mean that such people did not exist. On the other hand, Bausani argues unpersuasively that the 'sacred fool' was the expression of the mystic myth of Iblis or Satan (pp. 102–7).

The tradition of feigned madness was strong in Islamic religious life and served a number of purposes. Holy idiocy was a consistent element in the lives of the 'sober' as well as the 'drunken' or more exuberant mystics. Abū Yazīd al-Bisṭāmī (d. AD 874 or 877–8), a celebrated Persian mystic, is considered a founder of the ecstatic school of sufism because of the forceful expressions of his mystical union with God.⁵⁷ He is said to have advised those who wished to attain this goal to walk in the markets distributing nuts to boys in exchange for slaps in the face, for 'the most distant from God among the devout are those who speak the most about Him'.⁵⁸ Abū Yazīd practised what he preached, and he acted upon the dangerous ambiguity between holy folly and heresy. For example, on a pilgrimage to Mecca, he attracted a large crowd; according to Farīd ad-Dīn 'Aṭṭār, he wanted 'to expel the love of him from their hearts and to remove the obstacle of himself from their path'. Therefore, having performed the dawn prayer, Abū Yazīd looked at them and, perhaps feigning madness, said, 'Verily I am God; there is no god but I; therefore serve me.' The crowd cried, 'The man has become mad!' and they left him.⁵⁹

The practice of simulated folly, as a mode of Muslim piety, is most clearly seen in the Malāmātīya, a mystical tradition that began in Nishāpūr in the ninth century AD, where it appears to have arisen in reaction to effusive public demonstrations of religiosity and the pharisaism of the learned.⁶⁰ The source of this tradition may be found in late Hellenistic thought; less remote, it may be traced to the Eastern Orthodox Church, in which the 'sons of the covenant' (*benai qeyāmā*) were pious laymen whose dedication to a religious life was characterized by a particular style of restrained asceticism. By their outward behaviour, they hid their virtuous deeds in order not to divulge their saintly condition, sacrificing their worldly reputation or honour while abandoning themselves to God. As in later Muslim mysticism, this form of asceticism might contain a strong element of self-reproach. Externally, their evidently unvirtuous lives would also attract the reproach of fellow Christians. The *shitūti*, scorn or blame, that the Syriac Christian invited by his conduct might lead naturally to the belief that he was a fool (*shatē*).⁶¹

⁵⁷ EI2, s.v. 'Abū Yazīd al-Bisṭāmī' (H. Ritter).

⁵⁸ Quoted in Dermenghem, *Vies des saints*, 328.

⁵⁹ Farīd ad-Dīn 'Aṭṭār, *Muslim Saints and Mystics*, trans. A. J. Arberry (Chicago–London, 1966), 104.

⁶⁰ EI2, s.v. 'Malāmātīyya' (Hamid Algar).

⁶¹ Marijan Molé, *Les Mystiques Musulmans* (Paris, 1965), 10–12.

The Malāmātī had antecedents too among the early Muslim mystics, as we have seen, and their mode of behaviour was not inconsistent with the 'sober' school of contemporary sufis. According to the teaching of the Malāmātīya, a Muslim should similarly conceal his chaste inner life, thereby avoiding the danger of hypocrisy that the conventionally pious encountered. The recorded teachings of this group of mystics 'is not a closely reasoned internally consistent system, but rather a number of tenets which centre around the basic Malāmātī doctrine that all outward appearance of piety or religiosity, including good deeds, is ostentation. . . . In accordance with these tenets, the Malāmātī has to struggle continuously against his desire for divine reward and for approval by man.'⁶² Consequently, the Malāmātī did not participate in the obligatory devotional exercises or those of the sufi orders but prayed and fasted in secret. He did not dress differently from other Muslims or follow a solitary life; he adopted a despised vocation and refused a prestigious one; and he concealed his poverty, so as not to attract communal charity. The elimination of the conventional signs of piety from an individual's life often left the impression that he was disreputable or impious and, therefore, the object of *malām*, blame or reproach.⁶³

The Malāmātīs derived their name from the Qur'ānic passage that refers to the believers 'who struggle in the path of God, not fearing the reproach of any reproacher' (5: 57). Commenting on this passage in his discussion of the Malāmātīya, al-Hujwīrī recalled that some had reproached the Prophet with being a madman or merely a poet. He, then, states:

Such is the ordinance of God, that He causes those who discourse of Him to be blamed by the whole world, but preserves their hearts from being preoccupied by the world's blame. . . . Therefore He hath set the vulgar over them to loose the tongues of blame against them, and hath made the 'blaming soul' part of their composition, in order that they may be blamed by others for whatever they do, and by themselves for doing evil or for doing good imperfectly. . . . The blame of mankind is the food of the friends of God.⁶⁴

Al-Hujwīrī is clearly sympathetic to the Malāmātī point of view—as long as it does not entail breaking the law—and he points out the salutary spiritual effect of other people's scorn.

⁶² *EI*2, s.v. 'Malāmātiyya' (F. de Jong). See also Schimmel, *Mystical Dimensions*, 86–8; Émile Dermenghem, *Le Culte des saints*, 30–1.

⁶³ e.g. Farid ad-Dīn 'Attār, *Ilāhī-nāma*, trans. J. A. Boyle (Persian Heritage Series, 29; Manchester, 1976), 94–5.

⁶⁴ Al-Hujwīrī, *The Kashf al-mahjūb*, 62–3.

In this regard, al-Hujwīrī tells a story about himself. He was once unable to overcome a personal difficulty after many devotional exercises; he visited a saint's tomb for three months and performed many ablutions. Unsuccessful in these endeavours, he departed for Khurāsān and arrived at a village where there was a lodge (*khānaqāh*) for sufi novices. They admitted him but treated him badly. They put him on a roof and gave him old bread to eat, while they ate a savoury meal on a roof above him. The neophytes made derisive remarks to him and pelted him with melon rinds. Because they were sufis, al-Hujwīrī bore this ill-treatment. 'And the more they scoffed at me the more glad became my heart, so that the endurance of this burden was the means of delivering me from that difficulty which I have mentioned; and forthwith I perceived why the Shaykhs have always given fools leave to associate with them and for what reason they submit to their annoyance.'⁶⁵

In later centuries, some Muslims invited reproach and disapproval by behaviour that was offensive to others. This intentional transgression of social mores became the hallmark of the Qalandars, who adopted many of the teachings of the Malāmātīs.⁶⁶ The Qalandariya were eclectic, also being influenced by other religious traditions, notably Buddhism and Hinduism. They were usually quietists and antinomians, who wandered across the Islamic world, like modern-day hippies, outraging public opinion. Although attempts were made during the Middle Ages to distinguish between the true and false Malāmātī, the Qalandars came to predominate and to usurp the term.⁶⁷

Nevertheless, some aspects of the Malāmātī orientation, especially silent *dhikr*, avoidance of public devotions, and 'mental isolation' from the world, while remaining physically engaged in it, were absorbed into the mainstream of Islamic mysticism and particularly into the teachings of the Naqshbandī sufi order. The Malāmātī ideal of religious piety was highly esteemed, especially by Ibn al-ʿArabī, who set the parameters of late medieval sufism.⁶⁸

⁶⁵ Al-Hujwīrī, *The Kashf al-mahjūb*, 68–9.

⁶⁶ *EI*2, s.v. 'Kalandar' and 'Kalandariyya' (Tahsin Yazici).

⁶⁷ *EI*2, s.v. 'Malāmātiyya' (Hamid Algar). In Muslim India, such a Qalandar was known as a *malang*, who sought complete dissociation with the external world. These mendicants were remarkable for their use of narcotics, their clothing and hair-styles, their personal ornamentation, and their laxity in adhering to obligatory Islamic precepts. See Katherine Ewing, 'Malangs of the Punjab: Intoxication or *Adab* as the path to God', in *Moral Conduct and Authority*, ed. Barbara D. Metcalf (Berkeley, Calif., 1984), 357–71.

⁶⁸ Michael Winter, *Society and Religion in Early Ottoman Egypt* (New Brunswick, NJ–London, 1982), 112. The self-effacement of the Malāmātiya differed, however, markedly from sufism in the later Middle Ages, whose various orders were distinguished by their distinctive clothing, rituals, and ways of life, so that the Malāmātiya was seen as an implied criticism of their practices. In return, some sufis condemned the Malāmātī preoccupation with the wretchedness

Out of holy idiocy grew holy folly or the mystical experience of God, but they were inextricably intertwined. From the ninth century AD Muslim mystics articulated distinctive forms of spirituality that combined the elements of asceticism, quietism, and mysticism.⁶⁹ Ibn Khaldūn summarizes the early history of sufism succinctly: 'The Sufis came to represent asceticism, retirement from the world, and devotion to divine worship. Then, they developed a particular kind of perception which comes about through ecstatic experience.'⁷⁰ The differences in the modes of religious experience were significant. There were those who continued to seek a sober mystical life through asceticism, contemplation, and study, while others sought an exuberant spiritual life centring on the mystical experience itself. The latter assigned a positive value to mental alienation in addition to physical deprivation. This contrast in spiritual styles is epitomized by the figures of al-Junayd (d. AD 910) and al-Ḥallāj (d. AD 922) respectively. Al-Ḥallāj draws together many of the elements of early sufism—excessive asceticism, intense love (*'ishq*) of God, and the mystic's unitive experience.⁷¹ At the centre of sufism was implanted the expectation of a personal mystical experience, and its achievement became a clear sign of being a *wālī*. Furthermore, another type of mystic that survived into modern times was known as a *majdhūb*, or one who is spontaneously enrapt in the mystical experience; the term was often used to designate a holy fool, and this figure will be discussed in the following section.

The career of a typical sufi usually began with a religious crisis and recourse to a spiritual guide or master who supervised the neophyte's spiritual training and development. This tutorship was ultimately crowned, if the student were suitable, by the investment of a patched frock (*khiraq*) on the novice; it marked the wearer as a recognized member of a brotherhood of sufis. Abū Sa'īd ibn Abī l-Khayr (d. AD 1049), a famous Persian mystical poet, exemplifies the sufi's ascetic striving toward mysticism, which in some people's eyes was madness.⁷² As a novice, he said that he practised various austerities: fasting, night vigils, physical discomforts, and daily reciting of the entire Qur'ān. 'In

of the profane world and particularly the appetitive self or 'reproachful soul' (*an-nafs al-lawwāma*) of the Qur'ān (Qur'ān 75: 2), and they considered this preoccupation an impediment to spiritual progress. See *El2*, s.v. 'Malāmatiyya' (Hamid Algar).

⁶⁹ Margaret Smith, *Studies in Early Mysticism in the Near and Middle East* (London, 1931), chs. 7–9.

⁷⁰ *The Muqaddimah*, Rosenthal trans., iii. 77; see his entire account, pp. 76–103.

⁷¹ See Louis Massignon, *The Passion of al-Ḥallāj: Mystic and Martyr of Islam*, trans. Herbert Mason (4 vols.; Princeton, NJ, 1982); *El2*, s.v. 'al-Ḥallāj' (L. Massignon–L. Gardet).

⁷² *El2*, s.v. 'Abū Sa'īd Faḍl Allāh b. Abī 'l-Khayr' (H. Ritter); *Elr*, s.v. 'Abū Sa'īd Fazlallāh b. Abī 'l-Kayr' (G. Böwering).

my seeing I was blind, in my hearing deaf, in my speaking dumb. For a whole year I conversed with no one. People called me a lunatic, and I allowed them to give me that name, relying on the Tradition that a man's faith is not made perfect until he is supposed to be mad."⁷³ After a time, the young Abū Saʿīd was recognized as a saint and was venerated, but the people of his home town, Mayhana, in Khurāsān, were fickle. They turned against him and accused him of being an infidel. 'Once, whilst I was seated in the mosque, the women went up on the roof and bespattered me with filth; and still I heard a voice saying, "Is not thy Lord enough for thee?" (41: 53) The congregation desisted from their prayers, saying, "We will not pray together so long as this madman is in the mosque."⁷⁴ Subsequently, Abū Saʿīd left Mayhana to study with other sufi adepts and eventually to establish himself as a teacher in Nishāpūr and director of a large convent. He appears to have been the first sufi to draw up rules for the inhabitants of a sufi confraternity, marking the transition of Islamic mysticism from its individual orientation to that of affiliation to organized groups. In any case, during the first forty years of his life, Abū Saʿīd was an austere ascetic; in the later years he was a cheerful mystic, in which he apparently indulged in luxury and extravagance, especially the sufi *samāʿ*, or ecstatic dance. His eccentric mysticism was marked by theopathic statements (*shaṭḥīyāt*), characteristic of Persian mystics. Typically, Abū Saʿīd survived as a saint, and he was credited with many miracles, particularly his ability to read other people's thoughts. Although he formulated no coherent system of thought, he clearly expressed, by his teaching and preaching, the sufi's goal of intentional mental disturbance and ecstasy: the achievement of disunion with this world and union with God.

Sacred mania in its stunning ambivalence is especially evident in the lives of the ecstasies al-Ḥallāj and his friend ash-Shiblī (d. 334/946). Al-Ḥallāj is famous for his outspoken declaration of the unitive experience and for his demands for moral reform that resulted in his execution in Baghdad. Al-Hujwīrī confesses that the later sufis were divided in their opinions about al-Ḥallāj. There was no doubt, however, about his spiritual sophistication and the authenticity of his experiences. His condemnation was the result of his behaviour. 'Now, one who is banned on account of his conduct is not banned on account of his principles. Do you not see that Shiblī said: "Al-Ḥallāj and I are of one belief, but my

⁷³ R. A. Nicholson, *Studies in Islamic Mysticism* (Cambridge, 1921), 15. See also Fritz Meier, *Abū Saʿīd-i Abū l-Khayr* (357-440/967-1049): *Wirklichkeit und Legende* (Acta Iranica, 3rd ser., 4; Leiden-Tehran, 1976).

⁷⁴ Nicholson, *Studies*, 17.

madness saved me, while his intelligence destroyed him"?'⁷⁵ Ash-Shiblī's conduct was often that of the conventional madman, which relieved him of responsibility for his mystical claims, whereas al-Ḥallāj was unconventional but quite sane in his profession of the mystical ecstatic experience.

In al-Hujwīrī's opinion, ash-Shiblī was a great shaykh who led a blameless and spiritual life. He had been a chief chamberlain to the caliph, but he then turned abruptly to a spiritual vocation and was at one time a disciple of Junayd, the reputed founder of the 'sober' school of sufism. Reportedly, al-Ḥallāj also sought to join Junayd's circle. Junayd pointedly replied: 'I do not associate with madmen. Association demands sanity.'⁷⁶ Yet, ash-Shiblī also befriended the ecstatic mystics, especially al-Ḥallāj, but he discreetly dissociated himself from al-Ḥallāj at the latter's trial and execution.

Ash-Shiblī is representative of the holy man who feigned madness or was occasionally mentally disturbed, so that he escaped persecution. If ash-Shiblī simulated his madness, it would not be greatly mistaken to paraphrase al-Hujwīrī's report of ash-Shiblī that it was his intelligence that saved him, whereas al-Ḥallāj's madness destroyed him. If ash-Shiblī were genuinely deranged, he was not legally accountable for his actions. Madness was an excuse, perhaps the only possible excuse, for the unmeasured expressions of divine love and the unitive experience that the early sufis were expected to conceal, while maintaining an esoteric prudence. For ash-Shiblī and al-Ḥallāj, it was a matter of orthodox madness versus unorthodox madness.

Later medieval mystics recounted ash-Shiblī's life and never questioned the sincerity or orthodoxy of his mystical attainments; his notoriety for eccentric behaviour became proof of his mystical rapture. As a clear sign that ash-Shiblī was mad, 'Aṭṭār recounts that he was judged to be insane by a judge and was put into a hospital. Reportedly, ash-Shiblī used to reward people with sugar and gold for pronouncing the name of God and, then, threaten to kill them. He also inscribed the name of God everywhere he could. 'Aṭṭār described ash-Shiblī in the following manner:

Peace and composure altogether deserted him. So powerful was the love possessing him, so completely was he overwhelmed by mystical tumult, that he went and flung himself into the Tigris. The river surged and cast him up on the bank. Then he hurled himself into the fire, but the flames affected him not. He sought a place where hungry lions were gathered and cast himself before them;

⁷⁵ Al-Hujwīrī, *The Kashf al-mahjūb*, 150-2.

⁷⁶ Ibid. 189.

the lions all fled away from him. He threw himself down from the summit of a mountain; the wind picked him up and deposited him on the ground. His disquiet increased a thousandfold.

'Woe to him', he cried, 'whom neither water nor fire will accept, neither the wild beasts nor the mountains!'

'He who is accepted of God', came a voice, 'is accepted of no other.'

Then they loaded him with chains and fetters and carried him to the asylum.

'This man is mad', some shouted.

'In your eyes I am mad and you are sane,' he replied.

'May God augment my madness and your sanity, that by reason of that madness I may be admitted nearer and nearer, and because of that sanity you may be driven farther and farther!'

The caliph sent one to care for him. The attendants came and by force thrust the medicine in his throat.

'Do not put yourself to such pains', Shebli cried.

'This sickness is not such as will yield to healing by medicine.'⁷⁷

In another version of ash-Shibli's behaviour, 'Aṭṭār recounts:

When Shibli's madness became excessive, he was bound in chains by force.

A crowd of people came to him by chance and stood in the roadway looking at him.

Shibli, the maker of words, said to them: 'What kind of people are you? Come, tell me your secret.'

They all said: 'We are thy friends, for we know of no way but that of friendship.'

When Shibli heard these words from his friends, he began to pelt them with stones.

Seeing the stones, all his friends fled in fear thereof.

Then Shibli opened his mouth and said: 'Liars and misguided wretches that you are,

When you boasted to me of your friendship, you were not, O base ones, sincere.

Who flees from the blows of a friend, for they are not blows after all but proofs of his loving kindness?'⁷⁸

For 'Aṭṭār, ash-Shibli's stones, like God's blows, should be welcomed. The enigmatic figure of ash-Shibli, the intoxicated mystic, constantly reappears throughout the Middle Ages. If his surviving works are characteristic of his conduct, his pronouncements were studded by paradoxes, obscure illusions, and unusual imagery.⁷⁹ A great amount of later sufi-inspired poetry and stories share these esoteric features,

⁷⁷ 'Aṭṭār, *Muslim Saints and Mystics*, 279–81; cf. al-Hujwīrī, *The Kashf al-mahjūb*, 155–6, 312–13.

⁷⁸ *The Ilāhī-nāma*, 131–2.

⁷⁹ Such as the comparison of himself to a frog, see Schimmel, *Mystical Dimensions*, 77–80.

while superficially they often appear nonsensical, immoral, and even blasphemous.

Émile Dermenghem, in his study of the saints of North Africa, singles out the life of 'Chouzi le marchand de bonbon', or ash-Shūdzī 'the sweets vendor', as an example of the typical holy fool.⁸⁰ Ash-Shūdzī had been a respected judge in Seville during the Almohad dynasty (AD 1130–1269) in North Africa and Spain, and he probably died in the early thirteenth century. He apparently underwent a profound religious experience, for he abandoned his family and work in Seville and went to live in the Maghrib; according to Yaḥya ibn Khaldūn, the brother of the famous historian, ash-Shūdzī 'took flight and sought refuge in Tlemcen, giving the impression of being a madman (*majnūn*)'. Dermenghem concludes that it is impossible to determine precisely the extent to which ash-Shūdzī was naturally eccentric and to what extent he cultivated his extravagances as a way of maintaining religious fervour and spontaneity or, alternatively, as a means of combating spiritual rigidity and conformity. In some ways, he appears to have been the traditional type of Muslim mystic who periodically gave himself over to demonstrations of his divine inspiration. Ash-Shūdzī clearly led a self-effacing life in Tlemcen, centred on his spiritual awareness. He would go through the streets of the city with a tray of sweetmeats and sell them to the children; he, then, distributed most of the money that he earned as alms, while he led a very ascetic life. He became known as al-Ḥalwī, or 'sweets-man', and was well recognized in the city. An Andalusian theologian once recognized in him the signs of a mystic and followed him. The children drew ash-Shūdzī away and began to clap their hands and snap their fingers while the sweets vendor danced and sang, reciting poetry about divine love. The theologian, convinced that he was one of the saints, continued to watch and later saw him buy a semolina cake and give it to an orphan in rags. 'Surely', he said to himself, 'this man is a *wālī* who hides his sanctity in selling *ḥalwa*.' The two men eventually met, and the theologian became the disciple of al-Ḥalwī, studying with him the Qur'ān, *ḥadīth*, and *belles-lettres*. Ash-Shūdzī obviously had not completely given up his learning; in turn, his student became a well-known teacher. Eventually, popular legends accumulated around the life and death of al-Ḥalwī, giving him the assured status of a martyred saint. The tomb and mosque of Sīdī al-Ḥalwī in Tlemcen, which was built about 754/1353, is today a major pilgrimage site in North Africa.

⁸⁰ *Le Culte des saints*, 87–95.

(3) Mystical Madness

The involuntary holy fool was the *majdhūb*, 'the attracted one' or the individual chosen by God and given the mystical unitive experience gratuitously. Muslims call any person inspired by God whose ecstasy is due not to theosophical absorption but to spontaneous illumination, *majdhūb*. Thus, an historian⁸¹ reports of Yānus b. Yūnus al-Shaybānī, the founder of the Yūnusīya order: 'He had no sheikh but was a *majdhūb*. He was rapt away (drawn away) to the path of good.'⁸² This passive type of mysticism was distinguished in medieval sufism from the more active, methodical forms of spiritual training undertaken by most students who strove for the same religious goal. The distinction was, however, not a rigid one but admitted of various combinations, for a man could not be a shaykh or sufi master in the later Middle Ages unless he had had both the training and the mystical experience.⁸³ The difference between the two types of ecstatic union with God was described by al-Hujwīrī as 'sound union' and 'broken union'. The first was the customary rapture of the mystic who returned to his daily obligations after the mystical experience. The second was such 'that a man's judgment becomes distraught and bewildered, so that it is like the judgment of a lunatic: then he is either excused from performing his religious obligations or rewarded for performing them; and the state of him who is rewarded is sounder than the state of him who is excused.'⁸⁴ In the later Middle Ages, the term *majdhūb* appears to have been applied commonly to the mystic whose rapture was not conventional and whose judgement became distraught and bewildered for a prolonged period of time.⁸⁵

The exculpating designation of madness was frequently given to religious ecstasies and, conversely, holiness was often attributed to the insane. By an *ad hoc* calculation, a deranged individual might be judged a holy fool, being distinguished from an idiot or secular fool (*mahbūl*) and from the possessed (*majnūn*); the first usually had little pretension to holiness and the second was the antithesis of the harmless *majdhūb*. In most closely knit communities or urban quarters, there was perhaps not much difficulty in assessing the condition of a disturbed individual

⁸¹ Al-Maqrīzī, *al-Khiṭat*, ii. 435, 1. 18 quoted in Goldziher, 'Veneration of Saints', in his *Muslim Studies*, ii. 265.

⁸² *EI* 1, s.v. 'Walī' (B. Carra de Vaux).

⁸³ *EI* 2, s.v. 'Madjdhub' (R. Gramlich).

⁸⁴ Al-Hujwīrī, *The Kashf al-mahjūb*, 258.

⁸⁵ The term *majdhūb* is not Qur'ānic, but it was used in the early Islamic era, often in connection with eccentric behaviour; for example, Sahl ibn Abī Mālik al-Khazā'ī is described in the collection of an-Naysābūrī as both *majnūn* and *majdhūb* ('*Uqalā*', Najaf edn., 106).

because the person was well known to the inhabitants. Even the spiritually sensitive mystic Ibn al-‘Arabī (d. 638/1240) had no difficulty in making a distinction between the sacred and the profane. In his biography of Abī ‘Abdallah Muḥammad ash-Sharafi, a pious shaykh of Seville who, incidentally, made his living from the sale of opium, Ibn ‘Arabī casually remarked: ‘One day he [ash-Sharafi] came upon me while I was looking at the local madman. I didn’t notice him until he took me by the ear, pulled me away from the crowd and said, “Is this the sort of thing you indulge in?” At his words I felt very ashamed and went off with him to the mosque.’⁸⁶ Yet, in doubtful cases, where it was difficult to judge by appearances, the usual presumption seems to have been in favour of sanctity.⁸⁷

Conventionally, the holy fool was thought to have his mind or soul in heaven while his body remained on earth. This customary formula goes back to Hellenistic and early Christian mysticism; in the early Islamic era, Dhū n-Nūn frequently applied the following epithet to the perfected saints: ‘those whose bodies are present on earth but whose spirits wander in the heavens, in the Kingdom of God’.⁸⁸ ‘Aṭṭār presents this belief in an apocryphal story of the visit of Abū Bakr ibn Mūsā al-Wāsiṭī to a madman in a hospital. Because al-Wāsiṭī was a disciple of Junayd, ‘Aṭṭār probably meant to suggest the superiority of mystical ecstasy, despite the hardships of the ecstasies, over the steady path of sober contemplation and al-Wāsiṭī’s acknowledgement of it:

There came upon Wāsiṭī a wakening of the spirit and early one morning he entered a madhouse.

He saw a madman crazy with excitement now giving a yell and now clapping his hands together.

Dancing he leapt for joy like rue seeds cast upon the fire.

Said Wāsiṭī to him: ‘O thou who art far from the road, subdued in heavy bonds. Since thou art thus shackled, why this joyfulness? Being a slave, why dost thou feel so free?’

The madman opened his mouth and thus addressed the shaikh: ‘If my feet are now in shackles,

My heart is not and that is the essential part of me: when my heart is free that is union with God.

Know of a certainty that it is a very difficult thing that my heart should be free when my feet are bound.’⁸⁹

⁸⁶ *Sufis of Andalusia: The ‘Rūḥ al-quds’ and ‘al-Durrat al-fākhiraḥ’ of Ibn ‘Arabī*, trans. R. W. J. Austin (Sherborne, 1988), 77.

⁸⁷ Dermenghem, *Le Culte des saints*, 29–31.

⁸⁸ Quoted in Andrae, *In the Garden*, 87.

⁸⁹ *Ilāhī-nāma*, 141.

In the latter Middle Ages, when sufism was pervasive in Islamic societies, the deranged holy man appears to have become a common figure. Sufi teachers and their literature that promoted the notion of the holy fool may have had an effect. Specifically, the mystical interpretation of Majnūn, which was highly commendatory of the madman, became predominant; such a cultural hero may have enhanced the status of this class of illiterate, crude, and sometimes very 'nasty saints'.⁹⁰ The conduct of such individuals was dangerous and certainly unbecoming in some people's opinion. But there was no way of proving that these unusual men, whose eyes were 'like two cups filled with blood', were not genuine. And who was empowered to test their genuineness? If they were harmless, they enjoyed almost total freedom, being subject to no social or religious constraints.⁹¹

Was it not possible that such a madman was one of the hidden saints whose virtue prevented the world's destruction and whose benediction brought fertility, healing, and hope? In a religion without sacraments, was the Muslim holy madman not a living expression of the divine? Was he not, from a Western point of view, the combination of the four or, at least, one of the divine madnesses of Socrates? Despite the disrepute of the holy madman in modern Islamic society and among modern commentators on sufism, divine madness, as articulated by Shiblī, al-Hallāj, and others, became an acknowledged form of Muslim spirituality, which was elaborated upon by their followers and admirers, as well as by story-tellers and poets.

A fund of aphorisms and maxims of holy fools was recorded, adapted, or created by entertainers, teachers, and writers for their own purposes and according to their own talents. Clearly, the madman became a literary fiction derived from historical figures and from authors' personal experiences of madmen and madhouses. Buhlūl, for example, appears to have been an historical figure, but he rapidly became the archetype for the 'wise fool' in Islamic folklore and literature; he is also made to play the 'holy fool' in many sufi stories.⁹² Moreover, the madman was a convenient spokesman for an author's point of view, especially if the view were ineffable or dangerous, esoteric or heretical.

In earlier Arabic literature, the insane were often visited by literati, and they reported the 'inspired' verses of the demented. For example, the

⁹⁰ See Schimmel, *Mystical Dimensions*, 19–20, 105.

⁹¹ Ibid. Cf. Dermenghem, *Vies des saints*, 332–7, gives a very sympathetic view of the *majdhūb*, but it is questionable whether there is any 'necessity' for the insane in society; see also his *Le Culte des saints*, 87–8.

⁹² e.g. 'Attār, *Ilāhī-nāma*, 136–7, 153–6, 197, 202, 245–7.

grammarian Mubarrad visited Dayr Hirqil on his way back to Baghdad, being summoned by the caliph Mutawakkil; in the monastery he listened to the poetry of the confined lunatics.⁹³ Paradoxically, despite the irrationality of the mad and their speech, the pronouncements of the holy fools were believed to be especially meaningful or beautiful. Madness easily allowed for the articulation of esoteric, abstruse sufi doctrine and experience; it served as a natural stage for the picaresque genre, which explored the discrepancy between appearances and reality; and it also afforded a shield behind which a poet like 'Aṭṭār could express his criticism of the divine order.

The mystics visited the hospitals and talked to the patients, believing that the incoherent discourse of the insane contained some spiritual insight. It is reported that Ibn al-Qushāb said:

We saw in the hospital a greatly affected young man who cried at the top of his voice and awakened our interest. 'Look at them,' he said, 'their brocaded clothes and perfumed bodies. They have made a commodity of lying; they have taken up madness as a trade. As for knowledge, they have completely renounced it; they are no longer men among men.' 'What do you know about knowledge?' we asked him. 'Everything. My knowledge is considerable. You can question me.' 'What is prodigal?' 'The one who gives you subsistence while you do not deserve the daily ration.' 'Who is the least grateful of men?' 'Whoever has avoided a misfortune, has seen this misfortune among others, and to whom that has not served as a warning to flee from what is futile.' He broke our hearts, and we posed to him another question: 'What are the most appreciable qualities?' 'The contrary of what you are!' He began to cry, saying, 'Oh my God, if you do not restore my reason, restore at least the liberty to my shackled hands, so that I can give to each of these men a good slap in the face.'⁹⁴

Another man asked him who would be his neighbour in paradise. The madman told him that it would be a black woman who lived in Kūfa. This man went to Kūfa and learned that she was a madwoman who grazed her sheep by the side of the city cemetery. He found her alone praying while the sheep miraculously mixed with wolves. Typically, she knew who he was, and she explained her prescience. She also explained how the sheep and the wolves lived peacefully together, and she expounded on the virtue of retreat after mystical intimacy.⁹⁵

It is within this context that we can, perhaps, best understand the episode in the asylum depicted by Badī' az-Zamān al-Hamadhānī (d. 398/1008) in his famous *Maqāmāt*.⁹⁶ The *Maqāmāt* are a collection of

⁹³ See the discussion of Dayr Hirqil above and the relevant references.

⁹⁴ Yafī'ī quoted in Dermengham, *Vies des saints*, 341.

⁹⁵ Ibid. 341-2.

⁹⁶ 'Al-Maqāma al-māristāniya', *Maqāmāt* (Beirut, 1889), 119-25 = *The Maqāmāt of Badī' al-Zamān al-Hamadhānī*, trans. W. J. Prendergast (Madras-London, 1915; repr. 1973), 100-3.

stories of the anti-heroic type.⁹⁷ The narrator, 'Isā ibn Hishām, wanders about the Islamic world in search of knowledge and constantly encounters his misleading teacher Abū l-Faṭḥ al-Iskandarī. The latter usually dazzles and deceives 'Isā with his verbal pyrotechnics. Afterward, al-Iskandarī is recognized; there are reproaches, but the deception is justified. In this incident, 'Isā relates his visit to a hospital in Baṣra in the company of a famous Mu'tazilī theologian Abū Bahr Muḥammad ibn 'Abdullāh al-'Asharī, who had been the chief judge of the caliph al-Mahdī (AD 775–84) at Ruṣāfa. The two men meet a madman who, learning their identity, launches into a violent diatribe against the doctrine of free will. After the madman has finished his elegant speech, 'Isā and the theologian are thoroughly intimidated and leave the hospital. Yet, they are so disturbed by the madman's tirade that they return to find out who he is, and, of course, the madman is al-Iskandarī.

Although al-Hamadḥānī's intent in this fictional colloquy is difficult to interpret, the *mise-en-scène* is quite familiar.⁹⁸ As we have seen, mystics and intellectuals visited the Muslim hospitals to interview the insane, assuming that the mad possessed supernatural powers. Al-Hamadḥānī's madman is endowed with special divinatory powers; specifically, he knows about 'Isā's secret marriage arrangements. Moreover, elsewhere in the *Maqāmāt*, madness is highly regarded: al-Iskandarī appears as a mad barber in a *maqāma* entitled 'Ḥulwān'. 'Isā is to be shaved, but the mad barber is so garrulous that he fails to shave 'Isā's head. Bewildered by the barber's 'fluency with his malaprop loquacity' and fearful of his apparent madness, 'Isā puts the razor-brandishing barber off and asks those present about him. They reply: 'This is a man from the country of Alexandria, this climate has disagreed with him and madness has overtaken him, so that he babbles the whole day, as you observe, but behind him there is much excellence.'⁹⁹ The bystanders give a common medieval explanation for madness: the ecological conditions of Ḥulwān, a town east of Baghdad, is conducive to madness. Still, he is a good man. In general, the author has al-Iskandarī praise folly and madness throughout the work; unreason deserves greater respect than reason. For example:

⁹⁷ James T. Monroe, *The Art of Badī' az-Zamān al-Hamadḥānī as Picaresque Narrative* (Papers of The Center for Arab and Middle East Studies, 2; American University of Beirut, 1983).

⁹⁸ Al-Hamadḥānī is clearly not concerned with historical accuracy; al-'Asharī is selected simply because he was a famous Mu'tazilite, and there was probably no *bīmāristān* in 8th-cent. Baṣra.

⁹⁹ Prendergast, *The Maqāmāt*, 134–5.

Repel time with folly, for verily time is a kicking camel.
Never be deceived by reason; madness is the only reason.¹⁰⁰

Al-Hamadhānī appears to have used commonly held views about madness for various purposes but, especially in the episode in the madhouse, to pose dramatically the theological conundrum of free will versus predestination. The traditional view that al-Hamadhānī was Sunnī appears to be correct, so that the diatribe of the madman in the asylum should be taken as expressing, albeit in an extreme form, the author's own anti-Mu'tazilite sentiments.¹⁰¹ Yet, the author may have intended that no simple lesson should be drawn from the story of the asylum, or the collection altogether. Like a Muslim ascetic, al-Hamadhānī seems to present the world as degenerate, evil, and mad, and he demonstrates the inadequacy of any all-encompassing formulations of doctrine, settling instead for fragmentary truths. Thus, the madman's harangue may be interpreted in either of two contradictory ways: the speech was actually on behalf of free will and a satire on predestination—only a madman possessed by the Devil would hold such extreme views,¹⁰² or it was a statement of orthodox Ash'arite theology, being pronounced by a divinely inspired lunatic. More compelling is al-Hamadhānī's nuanced presentation of the problem of God's will and man's volition as a tortuous paradox like insanity, fittingly posed by a duplicitous anti-hero playing a madman.

Encounters with the insane in hospitals became a not unfamiliar motif in Persian mystical poetry, and the purpose is more transparent than in al-Hamadhānī's *Maqāmāt*. The *dīwānegan*, or madmen, in the poetry of Farīd ad-Dīn 'Aṭṭār are numerous, holy, and outspoken; they were used as vehicles to express freely and fully the reality of the mystical experience without fear of persecution. For example, 'Aṭṭār gives the following description of a madman communing with God, which highlights the central notion of the mystic's unitive experience:

A certain madman who was bound in chains, was whispering a secret to God.
Someone at once put an ear to his lips in order to discover that lofty mystery.
He was saying to God: 'This madman of Thine had for a time shared a house
with Thee.
But there was no room for Thee and me, for either Thou hadst to be in the house
or I.

¹⁰⁰ Ibid. 75; see also Monroe, *The Art of Badī' az-Zamān al-Hamādhānī*, 73–4.

¹⁰¹ See Everett K. Rowson, 'Religion and Politics in the Career of Badī' al-Zamān al-Hamādhānī', *JAOS*, 107 (1987), 653–73.

¹⁰² This is Monroe's view of al-Hamādhānī's purpose especially in ch. 5 ('In Praise of Folly') of his *The Art of Badī' az-Zamān*.

And so by thy command I have left this house: since Thou art here I, madman that I am, have gone.¹⁰³

'Aṭṭār's holy fools also express terse religious truths or caustic social criticism.¹⁰⁴ Unlike the saints, however, the mad virtuosi rarely performed miracles.¹⁰⁵

Thus, to the stereotype of the dishevelled madman lurking in the cemetery and tormented by children was added a religious dimension, in which the holy fool might serve as the mouthpiece for various spiritual themes. The most common one was the madness of everyday reality, in which only the innocent, the ascetic, and the divinely inspired were sane.¹⁰⁶ The holy man's miracles and his criticism of society, particularly his upbraiding of rulers for their misrule and co-religionists for their irreligion, might alleviate the plight of some, or at least be a consolation to them. The holy fool might promote the rejection of this world and its values; the only reality was mystical madness, the absorption of oneself in the love of God. And the final alternative was that God was mad. There was no doubt that God existed, but there were doubts that there was a purpose for His creation, for which some holy fools rebuked Him.

The reproach of God appears to be an unusual aspect of the Muslim holy fool, although it is comparable to the pre-Islamic poets' abuse of *dahr*, time or fate.¹⁰⁷ This one-sided argument with God brings out many of the distinctive features of the divinely inspired madman. The subject has been well explored by Hellmut Ritter in his masterful study of 'Aṭṭār's poetry.¹⁰⁸ 'Aṭṭār was a master story-teller, who used a simple frame-story for his mystical epics in which were contained hundreds of short moralistic anecdotes and tales. The overarching point of 'Aṭṭār's work is man's exhaustive quest for God, who is ultimately to be found within himself, which, again paradoxically, must be annihilated through

¹⁰³ *The Ilāhī-nāma*, 181.

¹⁰⁴ For similar holy fools to those of 'Aṭṭār, see Yāfī'i, *Rawḍ ar-rayāḥīn*, nos. 19 ff.

¹⁰⁵ For an exception, see *The Ilāhī-nāma*, 95.

¹⁰⁶ The evil of the material world was a well-worn topos of the medieval mystical literature. The report by 'Aṭṭār of the meeting between Ḥasan Baṣrī (d. AD 728) and Rābī'a, two famous early mystics, is a clever variant. Initially, all of the wild animals fled from Rābī'a when Ḥasan approached, and he was jealous of the female mystic. Rābī'a explained that it was because of his eating animal fat, and she generally criticized his diet: 'Thou art nothing, man, without the privy and the kitchen. Is thy heart not weary, man, of these two hells? Thou goest from one hell to another; thou goest from the privy to the kitchen. Since thou canst not do for a moment without sweetmeats and delicacies, how long in thy madness will thou pursue visions?' (*The Ilāhī-nāma*, 115-16; cf. pp. 163-4, 202-3, 223.)

¹⁰⁷ The reproach of God was, however, not unique among sufis; see Andrae, *In the Garden*,

122.

¹⁰⁸ Ritter, *Das Meer der Seele*, 159-80, which is poorly summarized in his 'Muslim Mystics Strife with God', *Oriens*, 5 (1952), 1-15.

man's passionate, unconventional,¹⁰⁹ and foolhardy love of God. Indeed, one who is monomaniacal about his love of God is a madman. This notion was not new with 'Aṭṭār; an earlier Arabic legend concerning ash-Shibli emphasizes the fool's exclusive love of God. Ash-Shibli visited a lunatic asylum and saw there a black man; one of his hands was bound to his neck and the other to a pillar, while both were attached to leg-irons. Ash-Shibli relates that, when the madman saw him, he said: 'Oh Abū Bahr, tell your Lord: Is it not enough that Thou hast made me insane with love of Thee? Was it necessary also to chain me?' Then, the madman began to recite the following verses: 'He who has been accustomed to be near to Thee cannot bear being far from Thee. He whom love has made mad cannot live without being near to Thee.' Ash-Shibli fell down and became unconscious. When he recovered, he saw that the chains were broken, and the black man and his leg-irons were gone.¹¹⁰

Unlike earlier Persian poetry that centred on the courts and catered to princely tastes, the heroes of many of these small tales are drawn from the poorest and lowest strata of society: beggars, fools, and sufis. As with holy idiocy, the lowly are spiritually superior to the high and mighty. 'There is no doubt that it is sufism that gave the lower classes a new self-consciousness, which allowed them to open their mouths and to speak, whereas before they were condemned to be silent.'¹¹¹ 'Aṭṭār used such figures, especially the holy fool, to voice mankind's frustration or anger with God. The predominant characteristic of sufism was, however, the ascetic ideal of *ridā*, contentment or consent to whatever God wills. The mystic especially was expected to endure patiently whatever happened; the love of God was far more important than the transitory sufferings experienced in this world. To a mystic like Rābi'a, who was quite aware of the impermanence and meaninglessness of the material world, this earthly life was a game to be played cheerfully before returning to the other world. The sufi who reached this stage of spiritual maturity did not criticize God's creation but was pleased with it, even in its most unattractive aspects. 'For the Muslims the prototype of this attitude is Jesus. He once walked with his disciples out of a village. On the road, they passed the stinking carcass of a dead dog with his mouth gaping widely. The disciples held their noses and complained of the

¹⁰⁹ A common theme of 'Aṭṭār's poetry is male homosexual love, suggestive of the unusual relationship between the mystic and God; e.g. *The Ilāhī-nāma*, 99–102.

¹¹⁰ Ritter, 'Muslim Mystics', 9; idem, *Das Meer*, 170.

¹¹¹ Ritter, 'Muslim Mystics', 2–3.

abominable stench emanating from the carcass. Jesus, however, said: "Look, how white his teeth are!"¹¹²

Nevertheless, 'Aṭṭār is remarkable for using the saintly fools to express effectively, and in a frankly entertaining manner, fundamental philosophic and religious questions that had exercised previous generations of Muslim intellectuals. What is the meaning or purpose of creation? How does one reconcile human suffering and misery with a merciful and compassionate God? And why is there such apparent injustice and inequity among the faithful? The holy fool responds to such questions in clever ways because he was invariably endowed with spiritual insight that was not vouchsafed to the learned, although such insight was not the exclusive preserve of the saintly fools, for ordinary people in 'Aṭṭār's tales often express similar wisdom. 'Aṭṭār's objective is not so much a criticism of society, which is more common in the stories of the wise fools, as it is an anguished questioning of God's ways among men. As Ritter has pointed out, the tone of this spiritual plaint is pessimistic, audacious, and often insolent.

Such boldness toward God was natural for a mystic, according to 'Aṭṭār. In his allegory of the mystical journey, *The Conference of the Birds*, the spiritual guide declares that there is no question of audacity for one who has reached with God the 'subtle understanding none can teach'. As with the ardent lover or the madman, there is no discretion and no blame; for a person who is madly in love with God, there are surely no half-measures. To reinforce this lesson, 'Aṭṭār tells a number of tales, two of which are about holy fools:

In Egypt once a baleful famine spread—
The people perished as they begged for bread.
Death filled the roads; the living gnawed the dead.
A crazy dervish saw their wretched plight
and cried: 'O God, look down from Your great height—
If there's no food for them, make fewer men!'

And the crazy dervish who was deceived by a hailstorm:

A dervish suffered bruises and sore bones
From children who continually threw stones.
He found a ruined hut and in he stole,
Not noticing its roof contained a hole.
A hailstorm started—through the leaky shed
The hail came bouncing on the old man's head.

¹¹² Ritter, 'Muslim Mystics', 15. On Jesus the ascetic and this apophthegm in particular, see Andrae, *In the Garden*, 15–29.

The hail was stones for all that he could tell—
 He lost his temper and began to yell.
 Convinced that they were throwing stones once more,
 He screamed out filthy names, fumed, stamped and swore—
 Then thought: 'This dark's so thick it's possible
 It's not the children this time after all.'
 A door blew open and revealed the hail;
 He saw his error and began to wail:
 'The darkness tricked me, God—and on my head
 Be all the foolish, filthy names I said.'
 If crazy dervishes behave like this
 It's not for you to take their words amiss;
 If they seem drunk to you, control your scorn—
 Their lives are painful, savage and forlorn;
 They must endure a lifetime's hopelessness
 And every moment brings some new distress—
 Don't meddle with their conduct; don't reprove
 Those given up to madness and to love.
 You would excuse them—nothing is more sure—
 If you could share the darkness they endure.¹¹³

The familiarity of the poor and the mystic in speaking to God appears to have bred contempt for God among some sainted fools. The bold familiarity of the fool, like the saint, is possible because of his close intimacy with God; his reproaches are one side of a lovers' quarrel.¹¹⁴ The outspokenness of the deranged was allowed superficially because they were simply foolish or because of their holy idiocy; more importantly, Islam acknowledged the privileged position of the insane. In their relationship with God, the recording-angels did not write down the deeds of madmen, as they did for the rest of mankind.¹¹⁵ According to *ḥadīth*, the mad man or woman is not subject to the punishments (*ḥudūd*) laid down in the Qur'ān.¹¹⁶

The acquisition of this special religio-legal position by the madman is poetically described in the biography of the holy fool Lūqmān as-Sarakhsī. He is said to have introduced Abū Sa'īd ibn Abī l-Khayr, whom we have encountered earlier, to his first sufi master and, consequently, to his mystical career. Abū Sa'īd is reported to have said: In the beginning Loqmān practiced asceticism. Then the signs of insanity appeared in him and he gave up his former mode of life. When he was asked

¹¹³ *The Conference of the Birds*, trans. Afkham Darbandi and Dick Davis (Harmondsworth, 1984), 142–3. See also Ritter, *Das Meer*, 168–9.

¹¹⁴ See Ritter, *Das Meer*, 163–5.

¹¹⁵ Ibid. 166.

¹¹⁶ A. J. Wensinck and J. P. Mensing, *Concordance et indices de la tradition musulmane*, ii (Leiden, 1943), 280. See the discussion of insanity in Islamic law below.

about it, he would say: 'The more service I did, the more remained to be done and at last I could not do any more. So I said: "My Lord, the kings have formed the habit of freeing a slave, when he has grown old. Thou art a great king, and I have grown old in Thy service. Do free me!" Then I heard a voice saying, "We have freed thee."' The mark of freedom was that God had taken away his reason. He was the freedman of God and thus exempted from the commandments and prohibitions of the law.¹¹⁷

Because of Lūqmān's perfect loving union with God, he was a spiritual freedman. Like many such stories, 'Aṭṭār reshaped this account in the following manner, emphasizing the mystical union with God:

Loghman of Sarraḵs cried: 'Dear God, behold
 Your faithful servant, poor, bewildered, old—
 An old slave is permitted to go free;
 I've spent my life in patient loyalty,
 I'm bent with grief, my black hair's turned to snow;
 Grant manumission, Lord, and let me go.'
 A voice replied: 'When you have gained release
 From mind and thought, your slavery will cease;
 You will be free when these two disappear.'
 He said: 'Lord, it is You whom I revere;
 What are the mind and all its ways to me?'
 And left them there and then—in ecstasy
 He danced and clapped his hands and boldly cried:
 'Who am I now? The slave I was has died;
 What's freedom, servitude, and where are they?
 Both happiness and grief have fled away;
 I neither own nor lack all qualities;
 My blindness looks on secret mysteries—
 I know not whether You are I, I You;
 I lose myself in You; there is no two.'¹¹⁸

As a freedman of God, the holy fool is able to speak directly and candidly to God, often criticizing His governance of the sublunar world. The tone of this criticism is sometimes one of sullen melancholy or hopelessness; sometimes it rises from complaint and accusation to reproach and even menace. 'And strange enough, in spite of all that, a peculiar and most vivid inner relation continues to exist between them and the Lord with whom they are quarrelling. Whatever happens to them is, in their eyes, always a direct action of God on their behalf.

¹¹⁷ Quoted in Ritter, 'Muslim Mystics', 8; see also Nicholson, *Studies in Islamic Mysticism*, 6-7.

¹¹⁸ *The Conference of the Birds*, trans. Darbandi and Davis, 193-4. Cf. Ritter, *Das Meer*, 167.

Always they have to deal with God directly. And this direct and intimate relation to God characterizes them as genuine mystics, as *mystical* fools, and distinguishes them from heretics and philosophers, who have become alienated from God altogether, like Ibn ar-Rāwendī and Abū l-‘Alā al-Ma‘arrī.¹¹⁹

At the heart of the matter, there was, for ‘Aṭṭār, no apparent reason for God’s creation; it was an impenetrable mystery. In one of ‘Aṭṭār’s stories, someone asks a *dīwāne*: ‘What is God really doing?’ The fool answers: ‘Have you seen the slate of the schoolboys? Like these boys, God now writes something new on the slate, then wipes out what He has written. With this and nothing else He is busy all the time. He has no other occupation than producing and annihilating.’¹²⁰ In another of ‘Aṭṭār’s works, God is a puppeteer who uses and, then, discards his puppets after their performance. Or God is a potter who makes fine pottery and, then, intentionally smashes the pots.¹²¹

According to the Qur’ān, God is said to have guaranteed the subsistence of men and animals, yet many live in poverty and die of hunger. How does one explain the extremely unequal distribution of wealth if it is predestined by God? In this regard, the stories of the madmen may be amusing, cynical, or bitter. For example,

A simpleton walked naked through the crowd,
And seeing such fine clothes he cried aloud:
‘God give me joy like theirs.’ A voice replied:
‘I give the sun’s kind warmth; be satisfied.’
He said: ‘My Lord, the sun clothes you, not me!’
The voice said: ‘Wait ten days, then you will see
The garment I provide.’ Ten days had gone;
A poor man offered to this simpleton
A ragged cloak made up of scraps and shreds.
‘You’ve spent ten days with patches and old threads
Stitching this cloak,’ the madman said; ‘I’ll bet
You spoiled a treasury of clothes to get
So many bits together—won’t you tell
Your servant where you learned to sew so well?’¹²²

And the following three tales make very much the same point. A madman was visited in a hospital by someone and was asked whether he could do anything for him. The madman replied: ‘I have not had

¹¹⁹ Ritter, ‘Muslim Mystics’, 9; *Das Meer*, 169.

¹²⁰ *The Ilāhī-nāma*, 254; Ritter, ‘Muslim Mystics’, 3.

¹²¹ Ritter, ‘Muslim Mystics’, 3. See also *The Ilāhī-nāma*, 171–2.

¹²² *The Conference of the Birds*, trans. Darbandi and Davis, 85–6; cf. *The Ilāhī-nāma*, 140. See also Ritter, ‘Muslim Mystics’, 11–12; idem, *Das Meer*, 176–7.

anything to eat for ten days.' The visitor said: 'I shall go and fetch you some bread, meat and sweets.' The madman cautioned: 'Speak carefully, God must not hear you, lest He prevent you from doing so. For if He hears you, He will not allow you to fetch me bread, but He will tell you to let me starve.' Or there's the story of a poor fool who lived next to a pious officer. The officer regularly sent him food to eat, but one day the officer had to leave the town by order of the king. The fool asked him: 'Whom will you charge with provisioning me?' The officer answered: 'God'. The fool rejoined: 'Don't do that; He will be sure to keep me hungry.' And the biting anecdote about the fool who begged a man for a piece of bread. The man said: 'God will provide for you.' The fool replied: 'I have come to know that by my experience during the year of famine. At that time, the starving people were lying about dead and, nevertheless, He did not give me any bread.'¹²³

The anger of 'Aṭṭār at the unfairness in the world is expressed in the following anecdote about a sainted fool:

A fool, who is very badly off, comes to Nishapur. On his way he passes a field with many cows in it. He asks: Whose are these cows? People say: The Governor's. He walks on and comes to a steppe, where many fine horses are grazing. He asks: Whose are these horses? and gets the answer: The Governor's. When he walks on, he meets a troop of young, handsome Turkish slaves clothed in rich garments. He asks: Whose are these slaves? He is answered: These are the favourite slaves of the Governor. Now he comes to the town and there he sees a magnificent palace. He asks: Whose is this palace? He is told: That is the palace of the Governor; don't you know that? This is too much for the poor fellow. Rage seizes him; he takes his turban from his head, throws it towards Heaven and exclaims: There! take this turban too and give it to Thy Governor! As he is to have everything, let him have the turban too!¹²⁴

Human suffering and injustice is a natural complaint for the holy fool. Ash-Shiblī is reported to have visited a hospital where a young madman begged him to ask God why He tormented him so much, why He has kept him in a place away from home, far from father and mother, hungry and shivering with cold. When ash-Shiblī was about to leave, however, the young madman cried out: 'No, don't tell God anything! Otherwise He will make it still worse. I shall not ask Him for anything. For nothing can impress Him. He is self-sufficient.'¹²⁵ The world was a wretched place, and God was responsible for it, even for the vermin:

¹²³ Ritter, 'Muslim Mystics', 4; *Das Meer*, 173.

¹²⁴ Ritter, 'Muslim Mystics', 10; *Das Meer*, 174.

¹²⁵ Ritter, 'Muslim Mystics', 4; *Das Meer*, 173. Cf. *The Ilāhī-nāma*, 160.

A saintly fool lived in a squalid place.
 One day he saw the Prophet face to face,
 Who said to him: 'In your life's work I see
 The signs of heaven-sent tranquillity.'
 'Tranquillity! When I can't get away
 From hungry fleas by night or flies by day!
 A tiny gnat got into Nimrod's brain
 And by its buzzing sent the man insane;
 I seem the Nimrod of this time—flies, fleas,
 Mosquitoes, gnats do with me as they please!'¹²⁶

Medieval scholars gave thoughtful and often complex solutions to these theological questions. Moreover, they might lead to heresy and unbelief. Jahm ibn Šafwān (d. 128/746) is said to have been the first Muslim to criticize orthodox opinion; he denied the attributes of God and is reported to have taken his adherents to see the lepers and others who were afflicted. Then, he would say: 'Look! Such things are done by the most merciful of mercifuls.'¹²⁷ Whether or not this account is true about Jahm,¹²⁸ he represented a point of view that was taken up by later Muslims, such as Omar Khayyam, who were explicit in their criticism of traditional beliefs, or in their quarrels with God.¹²⁹

'Aṭṭār shrinks back from such a direct confrontation with God, or with the religious establishment. Still, he expresses numerous aspects of man's quarrel with God. One can threaten God and even try to deceive or outwit Him.¹³⁰ The ultimate futility of man's combat with God is vividly conveyed by the ludicrous image of the fool riding his hobby-horse off to battle. In 'Aṭṭār's version of this motif, Lūqmān as-Sarakhsī mounts his stick like a boy, and with a staff in his hand, he rides off to the battlefield. A Turk seizes him, takes away his hobby-horse, and beats him. When he returns to town, abashed and covered with blood, one of the gaping crowd asks him: 'Have you defeated your enemy?' Lūqmān answered: 'Look at my bloodstained clothes! I fought bravely. He did not dare attack me Himself, so He called in a Turk for help, and naturally I could not resist Him.'¹³¹ 'Aṭṭār makes the same point more soberly in his story of the madman who beat his head against the door of the Ka'ba in Mecca. After weeping before the Ka'ba all night, the

¹²⁶ *The Conference of the Birds*, trans. Darbandi and Davis, 87.

¹²⁷ Ritter, 'Muslim Mystics', 6; *Das Meer*, 159–60.

¹²⁸ See *EI*2, s.v. 'Djahm b. Šafwān' (W. Montgomery Watt).

¹²⁹ See Ritter, 'Muslim Mystics', 6–7; *Das Meer*, 160–3.

¹³⁰ Ritter, 'Muslim Mystics', 12–13; *Das Meer*, 175, 177–8.

¹³¹ Ritter, 'Muslim Mystics', 9; *Das Meer*, 171. For another interpretation of the madman on his hobby-horse, see *The Ilāhī-nāma*, 222.

madman threatened to strike his head against the door until his head were broken and his heart relieved. A heavenly voice announced that another broken head made very little difference. Then, the pious man fell to the ground, his eyes running with blood. 'Many a life can bleed away from such grief.—Since we cannot struggle with Him, it is useless to shout with a hundred lamentations.'¹³²

Furthermore, God is sometimes portrayed by 'Aṭṭār as fighting against man, even persecuting him:

Maḥmūd of Ghazna is taking the field with a big army and many elephants. A foolish saint sees the mighty army, lifts his eyes towards Heaven and exclaims: Here Thou might learn a king's behaviour! Sultan Maḥmūd, hearing his words, says: Don't speak like this! The fool, however, says: When you take the field with your army and your elephants, do you then engage in battle with a beggar? No! You march against a king. A king fights with a king, not with a beggar. But He, who is up there, allows you to be king and meanwhile He is fighting day and night with a beggar like me. And He is stronger than I!¹³³

Indeed, God could take some instruction from human beings on how to behave. 'A merchant grew insane and became poor and miserable. One night he said to God: "If I were in Thy place, and Thou were in mine, I should keep Thee better than Thou keepest me."¹³⁴ And on the central theme of mysticism itself, 'Aṭṭār relates this conversation, which, more gently than usual, inverts the relationship between man and God:

In the desert there was a madman who, when carried away by his madness, Would gaze up to heaven and would say, with anguish in his heart: 'Oh God, it is not Thy practice to love, but I shall love Thee always. Though there are many like me who love Thee, I love no one but Thee. How shall I tell Thee, O Illuminator of the World? Learn for one moment from me what it is to love.'¹³⁵

Still, 'Aṭṭār's madmen can defend God¹³⁶ and be grateful to God—if God is good to them! 'A fool who never performs the ritual prayer is found one day praying with great zeal. A man says to him: "Today you seem pleased with God, for you are praying so fervently." The fool says: "Yes. I was as hungry as a lion, but today He has satiated me. He has been good to me; therefore, I am offering Him a good prayer. If He behaves properly, I too shall behave properly."¹³⁷ 'Aṭṭār adds, as usual, that a special relationship exists between the madman and God, so that their talk should not be misunderstood.

¹³² *The Ilāhī-nāma*, 111.

¹³³ Ritter, 'Muslim Mystics', 10–11; *Das Meer*, 175–6.

¹³⁴ Ibid. ¹³⁵ *The Ilāhī-nāma*, 160–1.

¹³⁶ See *ibid.* 140–1.

¹³⁷ Ritter, 'Muslim Mystics', 13; *Das Meer*, 178.

Stories could be easily multiplied of mystics who were, in some degree or another, mad, and whose derangement confounded the reason of the sane. The spectrum of holy folly is evident in the voluminous biographical literature, particularly the sufi hagiography that flourished in the late Middle Ages. A good example of this literature devoted to holy men is the *Risāla* of Ṣaḡī d-Dīn ibn Abī l-Manṣūr ibn Zāfir (d. 682/1283), which has recently been edited and translated by Denis Gil.¹³⁸ The *Risāla* provides a highly focused survey of Muslim spiritual life in thirteenth-century Egypt. It is a relatively detailed and trustworthy account of the lives of saintly men whom Ṣaḡī d-Dīn knew personally, especially the external manifestations of their holiness in *karāmāt*. Aside from the modesty of the work, it is particularly valuable because it does not deal with legendary figures and has no literary pretensions. The *Risāla* chronicles everyday mysticism.

Ṣaḡī d-Dīn was born in Fuṣṭāṭ and lived most of his life there. As an adolescent, however, he apparently accompanied his father, who was an Ayyubid vizier, on his official travels, and in Damascus the young boy had an important experience that he later recorded twice in his *Risāla* (fos. 22b–23, 50–50b). When Ṣaḡī d-Dīn was in the Umayyad Mosque, dressed according to his rank and surrounded by his suite, he was approached by a big man whose large head was covered by a torn felt skull-cap, and the strange man offered him a handful of apples. 'Take them', he said. Frightened by him, Ṣaḡī d-Dīn took refuge with his friends, whereupon the man drew back and threw the apples at them one by one and, then, left the mosque. A little later, two local religious notables arrived and listened with amazement at a recounting of this incident. Congratulating Ṣaḡī d-Dīn, they informed him that the peculiar person was 'Alī al-Kurḏī, the 'fool of God' (*muwallah*); in fact, he was considered to be the 'pole' of Damascus or Syria (*quṭb ash-Sham*), or the pinnacle of the living saints, whom the people of Damascus greatly venerated. The dignitaries said that he had come to offer Ṣaḡī d-Dīn a token of hospitality, which he rarely did for anyone. Consequently, Ṣaḡī d-Dīn hastened to overtake the saint; he greeted him and kissed his hand, and 'Alī al-Kurḏī laughed. More than a presage of his future life, Ṣaḡī d-Dīn believed that this gesture of hospitality (*diyafa*) signified his first investiture or introduction to the world of the saints. Returning to Fuṣṭāṭ, Ṣaḡī d-Dīn embarked on a religious vocation by becoming a disciple of a sufi shaykh despite the opposition of his father.

¹³⁸ La 'Risāla' de Ṣaḡī al-Dīn ibn Abī l-Manṣūr ibn Zāfir: Biographies des maîtres spirituels connus par un cheikh égyptien du VII^e/XIII^e siècle (Textes arabes et études islamiques, 25; Cairo, 1986).

When Ṣafī d-Dīn later told his spiritual director about the encounter with 'Alī al-Kurdī, he responded that the man was an imam of his time (fo. 51). In the *Risāla*, Ṣafī d-Dīn relates some of the miracles of 'Alī al-Kurdī, and he tells of 'Alī's meeting with as-Suhrawardī in Damascus. When as-Suhrawardī requested to see the holy man, he was put off by being told that he should not waste his time in seeing a man who did not perform his prayers and who often went about naked. But as-Suhrawardī insisted on meeting him. 'Alī had dwelt in the Umayyad Mosque until another holy fool named Yāqūt installed himself there, and Ṣafī d-Dīn had seen him there. Since then, 'Alī had left Damascus and had gone to live in the cemetery at Bāb aṣ-Ṣaghīr, where he remained until his death. He never returned to the city, in which Yāqūt now held sway. When as-Suhrawardī looked for 'Alī in the Umayyad Mosque, therefore, Yāqūt told him that he was in the cemetery, and as-Suhrawardī went out to that place and honoured him, despite 'Alī's initial crude rebuff.¹³⁹

Ṣafī d-Dīn naturally took a keen interest in the mystical experiences of the lives of the men and women that he chronicles; as signs of their spiritual virtues or of divine grace, such states appear even more essential than their *karāmāt*, which are usually only alluded to and, incidentally, rarely include miracles of healing. Ṣafī d-Dīn pays particular attention to those lives whose other-worldliness exceeded the conventional, and he appears quite uncritical of their behaviour, being expressions of authentic mystical experiences. The *muwallah* was 'one driven crazy'—a term that was applied to either a man or a woman (e.g. *imra'a muwallah*)—by which Ṣafī d-Dīn meant someone driven mad by the love of God. As with the Christian holy fool, there was the *muwallah* whose madness justified his or her eccentricity and the violation of the Shari'a and the *muwallah* whose folly was a disguise for his deep spirituality. Aside from 'Alī al-Kurdī and Yāqūt in Damascus,¹⁴⁰ Ṣafī d-Dīn mentions a number of holy fools that he knew personally in Egypt. One man in Bilifiyā, a village north-west of Beni Swef, was a *muwallah* because of his illumination (*kashf*), although most of the people considered him an ordinary madman (*majnūn*).¹⁴¹ On the other hand, a pious man in the province of Bahnasā experienced numerous revelations, but the external manifestations of his mystical rapture (*walāh*) did not prevent him from leading a life of great rectitude.¹⁴² Ṣafī d-Dīn also knew a pious shaykh in Alexandria named 'Abd al-Qādir an-

¹³⁹Ibid. 49, fos. 53–53b.

¹⁴⁰ See further L. Pouzet, 'Aspects de la vie religieuse à Damas au VII^e/XIII^e siècle', diss. (University of Lyon II, 1981), 248, 261–2.

¹⁴¹ *La 'Risāla' de Ṣafī al-Dīn*, tos. 96–96b.

¹⁴² Ibid.

Naqqād. After his discipleship under a spiritual master, he was seized by mystical experiences. Under the influence of this holy madness (*walah*), he said astonishing things about his experiences, so much so that the local jurists were unable to endure him and had him confined to the *bīmāristān*, presumably the hospital erected by Saladin.¹⁴³ His spiritual states, however, became more accentuated in confinement. Therefore, Abū l-‘Abbās al-Munsī, a greatly respected shaykh, visited him and recorded what he saw and heard; he concluded, playing on the madman’s name, that: ‘This man is the servant of an almighty God (‘*abdu qādirin*).’ This testimony was sufficient to prove his holiness.¹⁴⁴

Among other ‘fools for God’s sake’,¹⁴⁵ Ṣaḥī d-Dīn mentions Muḥammad, whom he observed on his pilgrimage to Mecca. Originally Persian, Muḥammad may have been a jurist before becoming a holy fool. He was peculiar in his obsessive wandering and continuous invocations of God, day and night. He also acted like a wild animal when he was offered something to eat. Nevertheless, he had a handsome appearance and performed perfectly the obligatory prayers, although he appeared agitated when he performed the supererogatory prayers. He was subject to numerous mystical experiences.¹⁴⁶ Furthermore, Ṣaḥī d-Dīn knew in Bilbais a holy fool named Ziyāda, who never asked for anything but lived on charity, disdaining money particularly. The amirs and rich people tried to deceive him by offering him *ḥalwā* in which they had hidden dinars, but when Ziyāda perceived what they did, he fled them as if they were scorpions or serpents’ heads. Like most of the holy fools, he also had supernatural powers: he had a remarkable gift of physiognomy (*firāsa*).¹⁴⁷ And in Fustāt, Ṣaḥī d-Dīn knew a man named Aḥmad, who resided most of the time in the *muṣallās* (places of prayer) of Fustāt and Cairo. He laughed a great deal, even during prayer, but he was preserved from silliness and nonsense. Although he needed nothing, he begged in order to conceal his state. His mystical raptures were frequent, and he had the ability to know other people’s thoughts.¹⁴⁸ Similarly, a holy fool in Cairo who was a paralytic was famous in the capital for his prescience.¹⁴⁹ Finally, Ṣaḥī d-Dīn knew a woman in Giza who was a holy fool; she stood for three years in a field of grass without ever sitting and without any protection. The serpents took refuge around her, and she was fed by whatever was given to her.¹⁵⁰

¹⁴³ See *The Travels of Ibn Jubayr*, 33.

¹⁴⁴ *La ‘Risāla’ de Ṣaḥī al-Dīn*, fos. 103b–104.

¹⁴⁵ See also *ibid.*, fos. 116b–117 (‘Izz ad-Dīn), fo. 119b (al-Qamīnī), and fo. 121 (Haṭh’am).

¹⁴⁶ *Ibid.*, fos. 117–117b.

¹⁴⁷ *Ibid.*, fos. 119–119b.

¹⁴⁸ *Ibid.*, fos. 119b–120.

¹⁴⁹ *Ibid.*, fos. 120–120b.

¹⁵⁰ *Ibid.*, fo. 120b.

In only one instance does Ṣafī d-Dīn mention a *majdhūb*. The distinction between the *majdhūb* and the *muwallah* in Ṣafī d-Dīn's work does not appear to be between occasional and permanent holy madness,¹⁵¹ but between one who was involuntarily driven mad and one who strove to achieve divine madness. The *majdhūb* was Mufarrij, who was a pious shaykh in Damāmīn, a village in Upper Egypt. Ṣafī d-Dīn says that he had been an Abyssinian slave, whom a merchant of Upper Egypt had bought as a servant, but 'God had chosen him. For no known reason and without warning a great spell (*akhdha*) overcame him and took away his ordinary senses, and he remained in that condition for six months without eating or drinking, which he himself had told me.'¹⁵² His master became angry and beat him, but the blows had no effect. He thought that Mufarrij was possessed and ordered someone to whip him, so that Mufarrij would recover and take food. Mufarrij did not recover, so the man administering the beating tried to exorcise the *jinnīya* by commanding: 'Depart!' The shaykh said to him: 'She has left!' Mufarrij meant his soul, but the one who beat him thought that he meant his female demon. Then, they fettered and imprisoned him; they left him and returned later, but they found him outside of the prison, which was the beginning of his miraculous acts. At the end of his enchantment (*akhdha*), Mufarrij met an accomplished spiritual director who accepted him as a disciple; the director 'devoted his attention to him, accepting his condition and acknowledging the authenticity of his mystical ravishment. He found rest with him. He [Mufarrij] was a *majdhūb* at the beginning of his spell, and he found peace with the shaykh when his consciousness [returned] and the shaykh used to testify to his holiness.'¹⁵³ It is impossible to determine exactly why Mufarrij sought out a spiritual mentor after his mystical experience, beyond the need for emotional security; the association probably gave structure to his religious vocation and surely facilitated the eventual attraction of disciples to him, unlike most isolated holy fools. Eventually, his sanctity became so celebrated throughout Egypt that his name was written on amulets. Mufarrij became immensely popular with both the rich and the poor, and his illuminations continued to animate the rest of his life.¹⁵⁴

The display of feigned madness is also evident in the work of Ṣafī d-Dīn, where its purpose was a licence to criticize others—a function that the holy man shared with the wise fool. For example, Ṣafī d-Dīn tells the story of Qaḍīb al-Bān (d. AH 570), a well-known mystic of Mosul. One day he entered the house of Abū n-Najā, another celebrated shaykh,

¹⁵¹ La 'Risāla' de Ṣafī al-Dīn, p. 41.

¹⁵³ Ibid., fos. 88–88b.

¹⁵² Ibid., fos. 87–87b.

¹⁵⁴ Ibid., fos. 88b–90b; see also pp. 60–1.

covered in rags and completely dishevelled. He asked where Abū n-Najā was, and his disciples replied that he had left. Qaḍīb was insulting, saying that he had left to do the work of the Devil. The students were shocked, and one of them replied that it was his Devil that told lies. Qaḍīb was infuriated and threw off his rags, and he stood naked beside the pool in the centre of the lodging, pouring water over his body. Then, he put on again his tattered clothing and departed. When Abū n-Najā returned, he asked what had happened in his absence, and his students related the unusual visit of Qaḍīb. Abū n-Najā remarked that Qaḍīb was right, for he explained that, at that moment, he had been with the governor of Mosul and they had both dissimulated. Abū n-Najā, then, asserted enigmatically that now God had informed him about the secret about the genitalia and why He had ordered them to be covered. After an hour, Qaḍīb returned and was received by the shaykh with respect; he was neither mad (*walah*) nor crazy (*khibāl*) but had regained his equipoise, and the two men spoke of their spiritual lives and that of others. Şafī d-Dīn comments on two aspects of this anecdote. The shaykh agreed with Qaḍīb because he had spoken insincerely to the governor who had led him into hypocrisy (*nifāq*), despite the shaykh's good intentions. This observation of the author is consistent with the general Islamic principle that spiritual leaders should not associate with princes because they would be corrupted. Second, Abū n-Najā understood but did not explain the meaning of nudity (*'awra*), which was such a common characteristic of the Muslim holy fool. Nudity signified sensuality (*shahwa*); without sensuality, there was no sense of nudity, like Adam in paradise before his shameful parts were formed. For Şafī d-Dīn, the fool's indifference to nudity indicated his loss of sensuality and, therefore, the achievement of an Edenic innocence.¹⁵⁵

But it was more than that. As in early Christianity, the story of Adam and Eve represented a man's moral freedom—his freedom from social and sexual obligations, his freedom from tyrannical governments and conformist religion. Even more clearly in its Qur'ānic version, Adam, standing for mankind, is charged by God with the responsibility of being His viceregent on earth; it is his mission to create a moral social order. 'We offered the trust to the heavens and the earth and the mountains, but they refused to carry it and were afraid of it; and man carried it' (33: 72). The Qur'ānic passage concludes that, having untaken this 'trust', man was unjust and 'foolish' (*jahūl*) in his governance. Was not, then, man foolish, and the mystic who had opted out of the divine 'trust' sane? In

¹⁵⁵ Ibid., fos. 44b–47.

any case, the traditional Muslim holy fool, like the gnostic Christians, sought and claimed to regain—since there is no barrier of ‘original sin’ in Islam—his moral freedom through deeper knowledge or gnosis.¹⁵⁶ The explanation of Qaḍīb’s insane behaviour—and the anecdote is clearly didactic—is that Abū n-Najā should not compromise himself by associating with the rich and powerful and should regain his personal freedom as a gnostic. In this sense, holy folly was a radical expression of one’s moral freedom to rule oneself.

In the later Middle Ages, the holy fool reached the acme of recognition. The notion of sacred folly was ‘canonized’ by Ibn al-‘Arabī (d. 638/1240), the foremost theoretician and expositor of Islamic mysticism. In his most famous work, *al-Futūḥāt al-Makkīya*, he gives a systematic account of his mystical teaching. Predictably, human reason is severely restricted in his doctrine. In the introduction to *al-Futūḥāt al-Makkīya*, he divides knowledge (*‘ilm*) into three classes: what is attained through ordinary reason (*‘aql*); what is known through sensory perception; and what is acquired mystically. The soul ‘blows’ this last type of knowledge into man’s heart; it is similar but superior to the wisdom provided by the first two types. This spiritual truth is partially acquired through revelations by prophets, especially the Qur’ān, but being divine, it is also accessible to men after intensive mystical training. The aspects of this special knowledge (*ma‘ārif*) are obviously not acquired by mundane reason. Truth depended on its source, not on logic, experimentation, or proof.¹⁵⁷

The forty-fourth chapter of *al-Futūḥāt al-Makkīya* is devoted to ‘the fools and their master in folly’.¹⁵⁸ The terms themselves of the title indicate that the legendary figure of Buhlūl had become synonymous with holiness; the buffoon had become a saint, and holy fools were elevated to imams or spiritual leaders. The elements of pious asceticism, mysticism, and sainthood were successfully blended together by Ibn al-‘Arabī. He begins with a commentary on the Qur’ān and *ḥadīth*, which naturally justify his point of view. According to Ibn al-‘Arabī, the mystical experience assails a person suddenly, and he loses his *‘aql*; God speaks through the lunatic (*al-muwallah*), putting on his tongue wisdom and exhortation. The *‘uqalā’ al-majānīn* are God’s people; their madness is not caused by natural processes—the corruption of the temperament (*mizāj*) by physical causes. On the contrary, their madness is a divine

¹⁵⁶ See Elaine Pagels, ‘The Politics of Paradise’, *New York Review of Books*, 35: 8 (12 May 1988), 28, and more fully in her *Adam, Eve, and the Serpent* (New York, 1988).

¹⁵⁷ *EI2*, s.v. ‘Ibn al-‘Arabī’ (A. Ates).

¹⁵⁸ Ibn al-‘Arabī, *al-Futūḥāt al-Makkīya*, ed. Uthman Yaḥyā and Ibrahim Madkour, iv (Cairo, 1975), 87.

revelation (*tajallin*) in their hearts. This abrupt emergence of the truth takes away their understanding (*'aql*), being absorbed in God. 'They possess understanding without reason!' The most forceful example of such revelation to a human being was, of course, Muḥammad, who was initially dismayed and frightened by the experience.¹⁵⁹ As for the 'wise fools of God', Abū as-Su'ūd ibn ash-Shibl al-Baghdādī was reportedly asked about them, and he said that they were 'wits' (*milāḥun*)—the wittiest of the wise. Then, he was asked how you could tell them from others, and he replied that traces of omnipotence (*qadra*) were evident in their condition.¹⁶⁰

According to Ibn al-'Arabī, there are three grades or steps (*marātib*) of divine revelation among mortals. In the first state, the individual loses all rational activity as long as he lives, although his 'animal soul' continues to function. These individuals are the *'uqalā' al-majānīn*. In the second condition, the distraction is not continuous; the recipient returns to society with his reason intact, and he manages his own affairs. Such men are the prophets and saints. And third, there are the occasional mystical experiences of the ordinary man or woman. Ibn al-'Arabī adds that it was wrong to believe that the prophets freely dispose or control their mystical states while the saints do not.¹⁶¹

Ibn al-'Arabī was acquainted with some of these wise fools and sought to learn from them. He states that he was particularly familiar with one of them and reports some of his pious exhortations about spiritual blindness. The author says that this man was one of the greatest fools (*ma'tūhīn*) that he ever met. When Ibn al-'Arabī asked him what took away his reason, he replied that his questioner was the madman—'If I had *'aql*, how could you ask me what destroyed my reason?' It was a divine mystery. This holy fool desired to be left alone; he was tolerated by the people, and boys and others did not harass him in the city. He was very quiet, perplexed (*mabḥūt*), and deferential; he constantly attended the mosque and prayed all the time. To Ibn al-'Arabī's questioning about his devotions, the madman responded that it was God acting through him and not his own will.¹⁶²

Ibn al-'Arabī also mentions earlier 'madmen of truth' (*majānīn al-ḥaqq*); these fools (*bahālīl*) included Buhlūl, Sa'dūn, and Abī Wahab al-Faḍīl. Some of them were joyous and others sad. They varied according to the degree that their understanding was taken away, and Ibn al-'Arabī names a number of men, whom he had known, that were seized by divine revelation. In conclusion, he confesses that he himself

¹⁵⁹ Ibid. 90–1.¹⁶⁰ Ibid.¹⁶¹ Ibid. 92–4.¹⁶² Ibid. 94–8.

had once experienced the station of divine folly (*maqām al-bahlila*) when he led the five prayers in the mosque. He did not remember where he was or what he had done; it was like a dream. It was a beatific vision. 'From that [experience], I knew the authorizer [*mukallif*], the authorization [*taklif*] and the authorized [*mukallaf*].'¹⁶³ The 'divine madmen' (*al-majānīn al-ilāhiyīn*) were outward and visible signs of divine grace.

(4) Latter-day Saints

The inspired, freebooting madman was known from antiquity. Minucius Felix, a Christian writer of the third century, remarked to a friend on the unclean spirits and their relationship to pagan religion: 'They are also responsible for the madmen, whom you see running out into the streets, themselves soothsayers of a kind but without a temple, raging, ranting, whirling round in the dance; there is the same demonical possession, but the object of the frenzy is different.'¹⁶⁴ At the end of the Middle Ages, Pero Tafur visited Egypt and wrote the following vivid description:

There are men at Babylonia [Fusṭāt] who shave the head, the beard, the eyebrows and the eyelids, and they appear to live like mad people, saying that they do this out of holiness, and that for the service of God they eschew the world and its pomps, and for this reason also they shave themselves. Some go about wearing horns, others bedaubed with honey and feathered, and others carrying poles with lanterns and lights hanging from them; others have bows and arrows drawn ready to shoot, and thus in diverse manners they go about, saying that they are persecutors of the Christians. The Moors show them great reverence. One day I met a number of them and asked where they were going, and they said that they were about to enter the fire with the Christian dogs to see who would burn the faster.¹⁶⁵

Madmen are conspicuous in the Ottoman period because of the increase of historical reports about them. Native authors as well as a growing number of foreign travellers wrote critically about them, particularly the reputed holy men. The prominent Egyptian sufi 'Abd al-Wahhab ash-Sha'rānī (d. 973/1565) was keen to discriminate in his works between a holy fool and an unholy fraud. He seems to be the first writer of *manāqib* literature¹⁶⁶ to include the lives of disreputable sufis and

¹⁶³ Ibn al-'Arabī, *al-Futūḥāt al-Makkīya*, ed. by Uthman Yahyā and Ibrahim Madkour, iv (Cairo, 1975), 100–1.

¹⁶⁴ Quoted in Welsford, *The Fool*, 76–7.

¹⁶⁵ Pero Tafur, *Travels and Adventures, 1435–1439*, trans. and ed. Malcolm Letter (London, 1926), 71–2.

¹⁶⁶ See *EI2*, s.v. 'Manāqib' (C. Pellat), an outstanding survey of the subject.

charlatans alongside the biographies of law-abiding holy men, however contradictory that may be within the hagiographical genre. In any case, ash-Sha'rānī was quick to criticize those dervishes whose behaviour he considered to be 'absolutely repulsive'.¹⁶⁷

Ash-Sha'rānī's biography of Shaykh Barakāt al-Khayyāt, 'the tailor' (d. 923/1517), may be typical of this kind of false holy man, but it appears to betray also a measure of ambivalence on ash-Sha'rānī's part to such highly eccentric figures. Barakāt

wore striped muslin in the manner of a Christian, and was extremely filthy. He had a tailor's shop, but people could not stop there, because he filled it with dead dogs, cats, and sheep. Sha'rānī's shaykh, Nūr ad-Dīn al-Marṣafī, asked for Barakāt's help when anyone was in trouble. They informed him of the matter by putting stones beside his shop, and he would then settle the problem miraculously. But he resented the fact that whereas he took all the trouble, the other shaykhs received presents as tokens of gratitude. An Azharite who believed in him convinced one of the muftis of al-Azhar, as well as other ulama, to visit Barakāt. Since it was a Friday the visitors wanted to pray with him, but he refused, saying that he was not accustomed to praying; then he performed his ablutions with water from a source where dogs drank, and thus insulted the Azharites. On another occasion he reported an innocent man to the authorities, charging that he had committed an offense against someone in private. After the poor man was badly beaten, Barakāt explained that he had mistaken him for another. Another time a high official who had threatened him was immediately dismissed from his post.¹⁶⁸

While showing how sufism cut across the various strata of Egyptian society, the biography suggests the difficulty in distinguishing orthodoxy when the boundaries of sanctity were so wide.

Ash-Sha'rānī tells many stories about the madmen of Cairo; he believed completely in the supernatural powers of the true holy man. For example, he mentions a man named Ibrāhīm the Naked, who called people by their names without knowing them; completely naked, he preached to the people in incoherent phrases, but his voice was reportedly so sweet that no one was able to disturb him or leave him. Another Egyptian was 'Abd ar-Raḥmān al-Majhūb, who had emasculated himself at the beginning of his spiritual vocation. All year long he crouched in the sand and alternated every three months between silence and speaking; smiling, he spoke an infantile language and referred to himself in the third person.¹⁶⁹

¹⁶⁷ Michael Winter, *Society and Religion*, 115–16.

¹⁶⁸ Ibid. 116.

¹⁶⁹ Dermenghem, *Vies des saints*, 344–5.

In his biographies of sufis, ash-Sha'rānī describes two types of 'enlightened' men whose behaviour was unusual: the *majādhīb*,¹⁷⁰ those considered 'natural saints', and the men of 'the divine states' (*arbāb al-ahwāl*). Some walked around naked, like Ibrāhīm, or wore unusual clothing; some dressed as Christians or lived with Christian monks. Ash-Sha'rānī thought that it was dangerous to oppose them, even in one's heart. Moreover, one should not seek their blessing because they might curse you instead, causing harm rather than good. The men of 'divine states', like the lunatics, were exempt from most moral and legal constraints. Ash-Sha'rānī quoted Dashṭūṭī as saying that 'the *arbāb al-ahwāl* were with God in the state that existed before the creation of man and the revelation of religions. One should accept their supernatural powers but not follow their behavior.'¹⁷¹ Ash-Sha'rānī does not seem to make a clear distinction between the two groups, but it appears to be between the involuntary and voluntary ecstasies.

The exemplum of true Malāmātī piety for ash-Sha'rānī was the first caliph, Abū Bakr: 'He calls for relentless soul-searching, self-reproach, and self-denial; he seeks to excuse bad behaviour in others, recommends doing good deeds in secret and attributing them to others, warns against pretensions to high religious states and calls for a struggle against hypocrisy.'¹⁷² On the other hand, ash-Sha'rānī denounced the insincere Malāmātīs, who drank wine, used hashish, and kissed women and boys, as criminals and devils. Notably, the common people said: 'These men are inspired (*majādhīb*). They do not see anything except God.'¹⁷³

Some of these inspired fools were known for their 'fight' with God, blaming Him for their plight, as we have seen; others showed a contempt for conventions, a taste for shamelessness, and a propensity for heretical pronouncements; and most displayed an inversion of social values, particularly a masochistic enjoyment of being tormented or killed by God.¹⁷⁴ The saving grace for such fools was their holy way of life but also, more commonly, their ability to work miracles. Ash-Sha'rānī, for example, tells the story of Abū Khūda, a contemporary Malāmātī fool. He was a peculiar man who dressed strangely and cuddled everyone he met on the street; he was a notorious homosexual and a friend of lurid black slaves. Once at Damietta, he sought to take a ship but was refused because of his bad reputation. But miraculously the ship was unable to

¹⁷⁰ See M. Horten, 'Mönchtum und Mönchsleben im Islam', *Beiträge zur Kenntnis des Orients*, 12 (1915), 107.

¹⁷¹ Winter, *Society and Religion*, 115.

¹⁷² Ibid. 113.

¹⁷³ Ibid. 114.

¹⁷⁴ Bausani, 'Note sul "Passo Sacro" nell'Islam', 99.

leave port. Despite his reprehensible behaviour, he was believed to be a holy man.¹⁷⁵

The *majdhūb* has been an easy target for those hostile to Islamic mysticism. In the early sixteenth century Leo Africanus also observed the extreme manifestations of mysticism in North Africa and Egypt and was quite critical of the eccentric behaviour of its practitioners. He considered some of the sufi orders to be simply heretical. In the context of his discussion of the sufis in Fez, Leo Africanus mentions the rule of one sect, apparently the Malāmīya, in which each of its members was supposed to live in the world without revealing his spiritual vocation, appearing as a fool, a great sinner, or a *tabacchino* (a man exercising an infamous trade). Under this pretext, numerous impostors and scoundrels wandered through Africa, poorly clothed to the point of nudity. Leo Africanus states that they did so without any reserve or sense of decency. Sometimes they copulated with women in public places like animals—an act that most critics like Leo Africanus mention, but they do not relate it to the women's desire for fertility that was supposed to be gained through the holy man's semen.¹⁷⁶ They were simply considered as saints by the common people.

Leo Africanus observed that this rabble existed in great numbers in Tunis,¹⁷⁷ but they swarmed in Egypt, especially in Cairo:

I have seen in Cairo, with my own eyes, in Bayn al-Qaṣrayn, one of these individuals seize a very pretty young woman who was leaving a hot-room, lay her in the middle of the road and take advantage of her. As soon as he had released this women, everyone rushed up to touch the clothes of the woman, as if she were an object of devotion because she had been touched by a saint. The people say among themselves that the saint had pretended to deceive her but that it wasn't anything. [?] When the husband was informed, he considered it as a conspicuous favor. He thanked God for it and made a feast with grand rejoicing for the favor that had been accorded to him. The judges and doctors of the law wanted to punish the rogue severely but they fail to be killed by the people [?]

¹⁷⁵ Cited in Horten, 'Mönchtum und Mönchsleben im Islam', 80. For the study of an extreme Malāmī in 18th-cent. Turkistan, see Paul W. M. Hartmann, 'Meshreb der weise Narr und fromme Ketzer: Ein zentralasiatisches Volksbuch', *Der Islamische Orient: Berichte und Forschungen*, 1: 5 (Berlin, 1902), 147–93. Grosso modo, Bausani mistakenly interprets the false Malāmī as the typical 'holy fool' ('Note sul "Pazzo Sacro" nell'Islam', 96–9).

¹⁷⁶ See Meyerhof, 'Beiträge', 341.

¹⁷⁷ Leo Africanus, *The History and Description of Africa*, trans. Brown, iii. 721 = *Description de l'Afrique*, trans. Épaulard, p. 384: 'There are certain people in this city whom a man would take to be distraught, who go bareheaded and bare-footed, carrying stones about with them; these men are revered by the common people because of their singular holiness. Moreover, on behalf of one of these mad men called Sīdī d-Dahī and his sanctity, the king of Tunis built one of the foresaid monasteries and endowed it with most ample revenues.'

because, as I will say, each of these people enjoys a great veneration among the vulgar and receives presents and gifts of considerable value.¹⁷⁸

Slightly later than ash-Sha'rānī and Leo Africanus, Prosper Alpin, an Italian physician–botanist, visited Egypt in AD 1581–4. His account of Egyptian medicine was first published in 1591 and is one of the earliest studies on non-European medicine by a foreign observer; he also published a description of the natural history of Egypt. Altogether, Alpin gives a remarkable picture of Egyptian social life in the late sixteenth century. In his discussion of the ceremonial departure of pilgrims for the annual *hajj*, Alpin described, as did many other foreigners, the 'santons' or illuminati who followed the procession. At regular intervals five or more of these men would form a circle (*ziker*) and loudly cried out religious slogans; they continued their yelling until foam came from their mouths. They believed that they were imitating the Prophet by their actions.¹⁷⁹ Furthermore, Alpin says that the Arabic word *siech*, i.e. shaykh, or *wālī* designated a man in whom were mixed both sanctity and madness. These shaykhs wandered through the villages, towns, and hamlets dressed only in a linen shirt; they had such freedom of action that they were allowed to do anything that they wanted, even unjust or dishonest things. There was no shameful act, Alpin says, that they did not commit if they wanted to, even attacking women in the road without any complaint.¹⁸⁰

The classic Western description of the Muslim holy fool is that of Edward Lane in his *Manners and Customs of the Modern Egyptians*, which was first published in 1836. Forgetful of the long tradition of the 'fool for Christ's sake' in Western culture, he is clearly disparaging of the Muslim saints, leaving little doubt about his assessment of their sanity. His presentation of the subject deserves to be quoted in its entirety:

An *idiot* or a *fool* is vulgarly regarded by them as a being whose mind is in heaven, while his grosser part mingles among ordinary mortals; consequently, he is considered an especial favourite of heaven. Whatever enormities a reputed saint may commit (and there are many who are constantly infringing precepts of their religion), such acts do not affect his fame for sanctity; for they are considered as the results of the abstraction of his mind from worldly things; his soul, or reasoning faculties, being wholly absorbed in devotion; so that his passions are left without control. Lunatics who are dangerous to society are kept in confinement; but those who are harmless are generally regarded as saints. Most of the reputed saints of Egypt are either lunatics or idiots or impostors.

¹⁷⁸ Leo Africanus, *Description de l'Afrique*, trans. Épaulard, i. 223–4.

¹⁷⁹ Alpin, *Histoire naturelle de l'Égypte*, 57, 94–5.

¹⁸⁰ Ibid. 94. See also Meyerhof, 'Beitrag', 332.

Some of them go about perfectly naked, and are so highly venerated, that the women, instead of avoiding them, sometimes suffer these wretches to take any liberty with them in a public street; and, by the lower orders, are not considered as disgraced by such actions, which, however, are of very rare occurrence. Others are seen clad in a cloak or long coat composed of patches or various coloured cloths, which is called a *dilk*, adorned with numerous strings of beads, wearing a ragged turban, and bearing a staff with shreds of cloth of various colours attached to the top. Some of them eat straw, or a mixture of chopped straw and broken glass; and attract observation by a variety of absurd actions. During my first visit to this country, I often met, in the streets of Cairo, a deformed man, almost naked, with long matted hair, and riding upon an ass, led by another man. On these occasions, he always stopped his beast directly before me, so as to intercept my way, recited the Fa't'hah, and then held out his hands for an alms. The first time that he thus crossed me, I endeavoured to avoid him; but a person passing by remonstrated with me, observing that the man before me was a saint, and that I ought to respect him, and comply with his demand, lest some misfortune should befall me. Men of this class are supported by alms, which they often receive without asking for them. A reputed saint is commonly called *sheykh*, *moora'bit*, or *wel'ee*. If affected with lunacy or idiocy, or of weak intellect, he is also, and more properly, termed *megzoo'b*, or *mesloo'b*. *Wel'ee* is an appellation correctly given only to an eminent and very devout saint; and means 'a favourite of heaven'; but it is so commonly applied to real and pretended idiots, that some wit has given it a new interpretation, as equivalent to *belee'd*, which means 'a fool' or 'simpleton'; remarking that these two terms are equivalent both in sense and in the numerical value of the letters composing them, for *wel'ee* is written with the letters *wa'oo*, *la'm*, and *ye'*, of which the numerical values are 6, 30, and 10, or, together, 46; and *belee'd* is written with *be'*, *la'm*, *ye'*, and *dal*, which are 2, 30, 10, and 4, or, added together, 46. A simpleton is often called a *wel'ee*.¹⁸¹

Some alleged saints were respectable, according to Lane, and acted like other men, while others lived as hermits in desert places, depending on Providence and the charity of others. Still others, the dervishes, were ostentatious in their piety and self-denial, as he described them in his *Manners and Customs*. And those who were insane or feigned insanity performed outrageous acts that should be punished severely. Lane related the story that when the French occupied Egypt at the end of the eighteenth century, the French commander-in-chief, Menou, asked the '*ulamā*' of Cairo for their opinion about these madmen, and they replied that their conduct was forbidden by Islamic law. The French general thanked them and gave orders to prevent such people behaving in the

¹⁸¹ Lane, *Manners and Customs*, 1860 edn., pp. 227–9. See also Meyerhof, 'Beiträge', 331–2; *EI1*, s.v. 'Wali'. Virtually the same views were expressed about eighty years later by Herbert E. E. Hayes in his 'Islam and Magic in Egypt', *Moslem World*, 3 (1913), 402–3.

customary ways. If insane, they were to be confined to the *māristān*, and if sane, to be compelled to relinquish their habits or leave the city.

Finally, Lane, relying on the history of Egypt by al-Jabartī, gave an account of a celebrated modern saint, 'Alī l-Bakrī, because it was 'a good illustration of the general character and actions of those insane individuals who are commonly regarded as saints'. 'Alī was a highly respected 'mejzoob'; he was a tall, lean man who sometimes wore a shirt and a cotton skull-cap, but he usually walked naked in the streets of Cairo. Clean shaven, he would carry a long staff and speak in a confused manner, which the people listened to attentively and interpreted according to their predilections. His example induced a *shaykha*, or female mystic, to imitate him; she followed him around, covered by a large cotton veil over her head and body and imitated his incoherent speech. When they entered private homes, she would go up to the women's quarters and gain their confidence, and the women would give her money and clothes. She said that the shaykh had affected her with religious frenzy, so that she was also a saint. According to Lane, she became more insane and intoxicated, and she uncovered her face and wore men's clothing. The two continued to wander about together and attracted an unruly following of children and vagabonds who also believed that they were affected by the shaykh's power and, consequently, acted in eccentric ways. When they stopped, the woman would use offensive language, sometimes in Arabic and sometimes in Turkish, while some of the crowd would kiss her hands to gain a blessing. After some time, they were seized by a Turkish officer, who brought them into his house and gave food to the shaykh and placed the woman and the other 'mejzoobs' in confinement. 'Alī was set free, but the others were beaten; the woman was sent to the *māristān* and confined there. She remained for a time in the hospital, and afterwards, she lived alone as an honoured shaykha. After being deprived of his companions, 'Alī was confined by his brother in his house and was cared for there; 'Alī claimed that he was the *qutb* of the saints, so that crowds of people came to visit the caged holy madman. When he died, he was buried with much ceremony in the modern quarter of Cairo, which became naturally a centre of pious pilgrimage.¹⁸²

The topography of madness in North Africa was more sympathetically surveyed by the early ethnographer Edvard Westermarck in the first part of the twentieth century. His terminological distinctions are particularly helpful, and his general description conveys a strong sense of the

¹⁸² Lane, *Arabian Society*, 60–9.

continuity of Islamic cultural patterns since the Middle Ages and their close similarity to Eastern practices. Westermarck sums up the matter nicely:

There is finally a class of holy men and women that is recruited from idiots and madmen. Derangement of the mind is always in Morocco attributed to supernatural influence. Maniacs are regarded as *mejnūnīn*, possessed of *jnūn*, and, being dangerous to their fellow-creatures, are locked up in *l-māristān*, 'a prison for frantic madmen' but harmless lunatics are venerated as saints, whose reason is in heaven while the body is on earth. This is the case with the *būhālī* (plur. *būhāla*; fem. *būhālīya*, plur. *būhālīyāt*), the idiotic fool, who is quiet, silent, and generally dirty. The same is the case with him who is said to be *mejdūb* (plur. *majādīb*; fem. *mejdūba*, plur. *mejdūbāt*), a person who is more or less out of his mind, talkative, often wearing his hair long (such a person is in Fez called *shébsheb*), but often clean in his habits. He is considered more holy than the *būhālī*; indeed, of the latter it is sometimes said, *Būhālī khālī men raḥmat allāh*, 'A *būhālī* is devoid of God's mercy'. *Baraka* amounting to sainthood is also ascribed to a person who is said to be *mkhālkhal* (plur. *mkhālkhlīn*; fem. *mkhālkhla*, plur. *mkhālkhlāt*), a form of temporary insanity which shows itself in great nervous excitement. This expression is used of shereefs in cases where an ordinary person would be regarded as *mejnūn*, *mejdūb*, or *būhālī*. The saintly lunatic is not held responsible for any absurdity he commits. During my first stay in Fez there was an insane woman who used to walk about in a state of perfect nudity; and when I visited the same town again, after an interval of nearly twelve years, she was still alive and continued her old habit. One of the dead saints of Fez, Sidi Ḥammādī, who was *mejdūb* in his lifetime, is also known to have walked about in town quite naked; he is buried in the house where he lived, and a feast (*mūsem*) in his honour is arranged every autumn by his relatives. Lunatics are not even obliged to observe the Ramaḍān fast, which is popularly regarded as the most imperative of all religious duties. Of an insane person in Tetuan, who instead of abstaining from food till sunset was taking his meal in broad daylight in the open street, I heard the people forgivingly say, 'The poor fellow does not know what he is doing, his mind is with God.'¹⁸³

At the same time, Canaan's study of Muslim saints in Palestine gives even more detail about the *majdhūb*. He says that the mystical call of the sufi or dervish may be so sudden and the person may follow it so quickly that he is believed to have become mentally deranged. In fact, this state, being *majdhūb*, was believed to be the normal beginning in the careers of many dervishes. The *majdhūb* forgets all earthly things and follows only the internal call, living—so to speak—with his Caller. Being completely absorbed by his inner life, his outer existence is characterized by disconnected speech, repeating one and the same sentence, and roaming

¹⁸³ Westermarck, *Ritual and Belief*, i. 47–9.

aimlessly in the streets or in the fields, living only on herbs or even on carcasses. Citing a biography of a *majdhūb* by ash-Sha'rānī, Canaan asserts that the enraptured retained the outward character that he possessed at the time of his mystical inspiration. Furthermore, Canaan gives a number of examples of the *majādhīb*; it would appear that, when he studied the subject, *majdhūb* in vernacular Arabic was synonymous with *majnūn*. Similarly, the Turkish *meczub* had once meant a sufi who was obsessed with divine love, whereas its colloquial meaning is 'crazy or insane'.¹⁸⁴ Canaan asserts that the behaviour of the *majdhūb* did not differ from that of the demoniac. Nevertheless, he maintained that in classical Arabic *majdhūb* was 'a person inhabited by a good spirit and drawn by God to His presence', so that the *majdhūb* was the victim of a good possession by God or the good jinn, as opposed to the bad possession of the *majnūn*.¹⁸⁵

These modern observers of the holy madman in Islamic societies have generally been incredulous and have tended to emphasize the madman's dramatic and often grotesque behaviour. But even Lane recognized the apparent supernatural powers that a saintly acquaintance of his possessed.¹⁸⁶ It was surely this preternatural ability of the holy fool that reinforced the belief in divine madness in the opinion of many native peoples.

Looking back, how was this talent of the holy fool and the whole matter of holy folly understood by a sane man in the late Middle Ages? Again, we are fortunate in having Ibn Khaldūn's discussion of the topic, which offers both a reasonable and instructive interpretation. At the beginning of his *Muqaddimah*, Ibn Khaldūn discusses the various types of human beings who have supernatural perception, which is acquired either by natural disposition or through exercise. He begins with the basic assertions that God chooses certain individuals as prophets for His purposes, primarily to guide their fellow men and show them the path to salvation, and that the knowledge that God imparts to them cannot be attained by ordinary mortals. The elect can be recognized by the fact that, in a state of inspiration, they 'seem to be removed from those who are present. This is accompanied by a feeling of being choked that looks like swooning or unconsciousness but has nothing to do with either.'¹⁸⁷ This immersion or encounter with the spiritual kingdom is entirely foreign to the ordinary perception of men, but the recipient is able to understand and retain his revelation, as Muḥammad did. Because the

¹⁸⁴ Redhouse *Yeni Türkçe-İngilizce Sözlük*, s.v. 'meczub'.

¹⁸⁵ Canaan, *Mohammedan Saints*, 320-1.

¹⁸⁶ Lane, *Arabian Society*, 60-9.

¹⁸⁷ *The Muqaddimah*, Rosenthal trans., i. 184.

process of receiving revelations creates these unusual conditions, it was common to accuse the prophets of being possessed by jinn. Those chosen by God can also be distinguished from ordinary men by their sinless and exemplary lives; such inspired men gain the respect of others; and they work wonders that attest to their truthfulness, such as the miracles of the prophets and the lesser feats of the saints.¹⁸⁸

In the subsequent section on prophecy, Ibn Khaldūn describes the human soul as an invisible but self-evident part of the body; it is the intermediary between the body, through which it 'acquires the sense percepts by which it is prepared for actual intellection', and the realm of the angels, where it acquires scientific and supernatural perceptions. Lower than prophecy, soothsaying is a particular quality of the human soul; the soothsayer can achieve the disregard of the senses with the help of rhymed prose, a distinguishing characteristic of soothsaying, but the revelation he receives is inspired by devils or affected by foreign notions (*taṣawwūr*). His imperfect contact with the supernatural results in a jumble of truth and falsehood. Moreover, intuition or the spiritual perception of the soul is experienced in a fragmentary manner by all human beings during sleep; at that time, the soul obtains knowledge of future events by regaining the perceptions that properly belong to it as a spiritual entity when it is released from the restraints of the body. In Galenic terms, Ibn Khaldūn says that the rational soul returns to the function for which it is prepared—the apprehension of the *spiritualia*—although in a waking state it is diverted to acting through the body's animal spirit to form perceptions and actions. Although unintentional, often obscure, and usually uncontrollable, all people thereby have a glimpse of the supernatural while asleep—and, one might add, when in love or in moments of sexual ecstasy. 'If this is possible in the realm of sleep, it is not impossible in other conditions, . . .'¹⁸⁹

Thus, some people have a special natural talent or disposition for foretelling the future; no one can deny, Ibn Khaldūn asserts, that such diviners exist. 'Statements concerning supernatural things are also placed upon the tongues of the insane, who are thus able to give information about (supernatural things).' Similarly, those who are about to fall asleep or about to die and those who have received sufi training are able to speak about the supernatural.¹⁹⁰ Those who have this access to supermundane perception are able, in one way or another, to remove 'the veil of the senses', or the soul's preoccupation with the body's physical functioning.

¹⁸⁸ Ibid. i. 184–91.

¹⁹⁰ Ibid. i. 214.

¹⁸⁹ Ibid. i. 195–212; see also p. 214 *et passim*.

Ibn Khaldūn ingeniously combines Galenic humours, Platonic forms, and Islamic demons to explain the supernatural talents of the insane, as well as insanity itself. A poor physical constitution and/or the attacks of invasive evil spirits remove an individual from contact with the dominating sensual world and cast him into the spiritual realm of eternal verities:

In the insane, the rational soul is but weakly connected with the body, because the humors, as a rule, are corrupt and have a weak animal spirit. Therefore, the soul belonging to (the body of an insane person) is not deeply immersed in the senses. The painful disease of deficiency that affects it keeps it too much occupied. Frequently, it was pushed into attaching itself to (the insane) by some other Satanic spirituality, which clings to them and which (the soul) itself is too weak to keep away. The insane thus become possessed.¹⁹¹ When they have become possessed in this manner, either because of the corruption of their constitution as the result of the essential corruption of their soul, or because of the onslaught the Satanic souls make upon them when they are attached to (their bodies), they are totally removed from sensual perception. They perceive a glimpse of the world of their soul. (Their soul) receives the impress of forms which, in turn, are transformed by the imagination. In this condition, they frequently speak without wanting to speak. (Supernatural) perception in all these (groups) contains truth and falsehood mixed together. For although they may achieve the loss of sensual perception, it is only with the help of foreign notions (*taṣawwūr*) that they achieve contact (with the supernatural), as we have established. This leads to untruthfulness (which is to be found) in these (ways of supernatural) perceptions.¹⁹²

Consequently, Ibn Khaldūn expresses serious doubts about the reliability of the madman's perceptions, not denying his contact with the extra-terrestrial but not trusting his distorted reports of it either.

Supernatural perception is also cultivated artificially, according to Ibn Khaldūn, through self-mortification. The intent of such asceticism is to destroy the body and its influence on the soul, freeing it as in death from the material senses. Others discipline their bodies, like the yogis in India, to achieve this goal. In comparison, he believed that the sufis' training was religious and, therefore, more meritorious, for its primary objective was the mystical experiences of gnosis and divine oneness, not supernatural perception about mundane matters. Instances of the latter do occur accidentally and are called 'acts of divine grace' (*karāmāt*). Muḥammad and his companions are alleged to have had such super-

¹⁹¹ Ibid. i. 218 n. 318a: 'For *takhabbata*, "to become possessed", cf. Qur'ān 2: 275 (276), and A. Spitaler, *Orientalische Literaturzeitung*, 48 (1953), 535'.

¹⁹² *The Muqaddimah*, Rosenthal trans., i. 218; cf. Macdonald's translation in his *The Religious Attitude*, 98-9.

natural perceptions, which confirm the fact that mystics and pious people may have this kind of power.

In this context, Ibn Khaldūn turns to holy madness and expresses little doubt about its genuineness. He emphasizes the madman's exemption from the law, which will be discussed more fully in the next chapter, in order to stress the fact that the holy fool is not bound by religious or ritual norms. He is not physically ill like the insane, and Ibn Khaldūn is keen to distinguish the holy fool from the merely deranged. The madman is a pure soul who lacks '*aql*', the rational faculty or function that is essential to leading normal material life. Ibn Khaldūn states:

Among the adepts of mysticism are fools and imbeciles who are more like insane persons than like rational beings. Nonetheless, they deservedly attained stations of sainthood and the mystic states of the righteous. The persons with mystical experience who learn about them know that such is their condition, although they are not legally responsible. The information they give about the supernatural is remarkable. They are not bound by anything. They speak absolutely freely about it and tell remarkable things. When jurists see they are not legally responsible, they frequently deny that they have attained any mystical station, since sainthood can be obtained only through divine worship. This is an error. 'God bestows His grace upon whomever He wants to.' The attainment of sainthood is not restricted to (the correct performance of) divine worship, or anything else. When the human soul is firmly established as existent, God may single it out for whatever gifts of His He wants to give it. The rational souls of such people are not non-existent, nor are they corrupt, as in the case with the insane. They (merely) lack the intellect that is the basis of legal responsibility. (That intellect) is a special attribute of the soul. It means various kinds of knowledge that are necessary to man and that guide his speculative ability and teach him how to make a living and organize his home. One may say that if he knows how to make a living, he has no excuse left not to accept legal responsibility, so that he may prepare for his life after death. Now, a person who lacks that (special) attribute (of the soul called intellect) still does not lack the soul itself, and has not forgotten his reality. He has reality, though he lacks the intellect entailing legal responsibility, that is, the knowledge of how to make a living. This is not absurd. God does not select His servants for gnosis only on the basis of (the performance of) some legal duty.

If this is correct, it should be known that the state of these men is frequently confused with that of the insane, whose rational souls are corrupted and who belong to (the category of) animals.¹⁹³

Ibn Khaldūn concludes with three signs by which the holy fool and the insane could be distinguished, but, based on the historical evidence, they

¹⁹³ *The Muqaddimah*, Rosenthal trans., i. 224-6.

do not appear to be entirely reliable as guides, nor is Ibn Khaldūn consistent with his foregoing description of the 'fool for God's sake'.¹⁹⁴ The signs are only one man's attempt to formulate criteria for assessing extraordinary behaviour, but they appear quite restrictive; Ibn Khaldūn probably intended to limit the category of holy madness because of its privileged legal status. He says that the first sign is the fool's constant devotion to *dhikr* exercises and divine worship although not in the prescribed manner, whereas the insane are not devout at all. As we have seen, holy folly, whether feigned or actual, cannot ironically be neatly described as holy at all; indeed, the purpose of simulated folly was to avoid the obvious signs of religiosity, especially Muslim ritual practices, either in the mosque or sufi lodge, and the hallmark of divine madness was folly or relatively harmless nonconformity to all social conventions. Apparently, Ibn Khaldūn wished to see the holy fool as a reputable ecstatic, firmly anchored within the wide but acknowledged purview of late medieval sufism. Second, according to Ibn Khaldūn, the holy fool was stupid from birth; the insane lost their minds during their lifetime as the result of natural physical accidents, so that their rational souls were corrupted and 'they are lost'. In other words, the holy fool was a congenital *majdhūb*. Again, this characterization is too narrow. On the one hand, it ignores those who were mentally deficient from birth, and on the other hand, it leaves out those individuals, apparently the majority, who were 'attracted' to God later in life, often as a part of their religious 'crisis'. Ibn Khaldūn was neither a sufi nor a physician, and he appears to go further astray in his third sign of the holy fool: the fools were conspicuous for their 'great activity' that might be good or bad, presumably by the yardstick of Sharī'a norms, while the insane showed no such activity. This feature contradicts most historical accounts of the 'insane', who were said to be highly agitated and usually dangerous to themselves or to others. The holy fool was essentially harmless, physically if not psychologically. What Ibn Khaldūn meant by 'great activity' is quite unclear though he stresses that it was not subject to legal restraints. If the phenomenon of holy folly eluded Ibn Khaldūn's analysis, he grappled with the issue and conceded a measure of recognition to the unpredictable 'fool for God's sake', who was as unfathomable as God Himself.

¹⁹⁴ *The Muqaddimah*, Rosenthal trans., i. 226.

III

*UNREASON: PRIVILEGE
AND DEPRIVATION*

INSANITY IN ISLAMIC LAW

The status of the insane in Islamic law is deceptively simple: they have no legal capacity. When some thought, however, is given to the realities of serious mental disturbances in relation to the law, it is not such a straightforward matter. First of all, what is insanity? Who determines whether an individual is mad and what are the criteria? What is the legal status of the mentally ill during periods of lucidity or of those who are only partially disturbed? What responsibilities does the disturbed have for his religious obligations? What civil rights and privileges does the madman retain? And a question that still haunts modern societies: What is the liability of the insane for criminal offences?

Medieval Islamic legal theory regarding insanity should be placed in its context of legal traditions both before and contemporary with it, rather than in isolation. The purpose in doing so is not necessarily to detect influences or borrowings in Islamic law but to distinguish what was commonplace and what was distinctive about the legal treatment of the insane in the medieval Middle East.

(A) BACKGROUND

In most societies, insanity is largely determined by behaviour; an individual's mode of behaviour—its rationale, style, and consistency—is the usual criterion for judging whether that person shares the commonly held norms of the community. Most law is not concerned, however, with assessing the mental condition of an individual but with the consequences of his behaviour for himself and others. Thus, with regard to the insane, Graeco-Roman law was mainly concerned with the protection of property and the safety of other members of society.¹ On the basis of Plato's *Laws*, it is clear that in classical Athens the property of the mentally disordered was safeguarded by the *dike paranoias*, or the legal

¹ Rosen, *Madness in Society*, 121–9.

procedure of guardianship.² Plato was primarily concerned with the ruination of family property by the head of the household and the right of the son to seek legal counsel who would advise him whether to take the matter to court; if they agreed with the son about the incompetency of his father, they would support the son's claim. If the court found the father mentally incompetent, he would be deprived of all his legal rights and obligations. As Plato concluded: 'Let him [the father] be as a child dwelling in the house for the remainder of his days.'

This passage from the *Laws* is quite informative in a number of ways. Plato reasonably observes that one's family is most aware of whether a man is 'more out of his mind than the rest of the world', and the family is most immediately affected by it. Obviously, the law was only concerned with those who owned property, and for this class it was a serious problem. Aristotle, in describing the Athenian Constitution, says that legal cases were brought before the Archon, and after a preliminary trial, the Archon would bring them before the jury-court; such suits included 'prosecutions for insanity, when one man accuses another of wasting his property when insane'.³ On the other hand, it is apparent from other evidence that it was not uncommon for children to try to deprive their parents of the control of their property by legal action. Nevertheless, the difficult determination of insanity appears to have relied on the personal judgements of the son, his counsellors, and the members of the jury, but there is no evidence that the court resorted to medical opinion. Another theme that emerges from Greek law will recur consistently in ancient and medieval law: the analogy between the insane and a child or infant.

As one would expect, a sound mind was a prerequisite for making a will and for adoption in ancient Greece. Wills were often contested on the grounds that the testator was insane or was strongly influenced by someone at a time when he did not have full possession of his mental faculties. Also, as in Roman and Jewish law, the insane could not enter into marriage, but there is little evidence on laws of marriage and divorce. Furthermore, Plato asserts that the insane were generally not held responsible for serious crime, like sacrilege or treason. If found

² 'And if disease or age or harshness of temper, or all of these together, makes a man to be more out of his mind than the rest of the world are—but this is not observable, except to those who live with him—and he, being master of his property, is the ruin of the house, and his son doubts and hesitates about indicting his father for insanity, let the law in that case ordain that he shall first of all go to the eldest guardians of the law and tell them of his father's misfortune, and they shall duly look into the matter, and take counsel as to whether he shall indict him or not. And if they advise him to proceed, they shall be both his witnesses and his advocates: and if the father is cast, he shall thenceforth be incapable of ordering the least particular of his life; let him be as a child dwelling in the house for the remainder of his days.' (Quoted *ibid.* 121–2.)

³ Quoted *ibid.* 123.

guilty, the insane were responsible for a fine, while the usual penalty was death. In cases of homicide the penalty was exile for a year because of the primitive belief that the spirits of murdered men would attack the murderer with madness. If he returned within the year, he was to be put into prison for two years and, then, set free. In everyday life, there is no evidence that a legal indictment for insanity was used to remove troublesome madmen from the streets.⁴ There were no laws that provided for the welfare of the insane poor and no resort to an insane asylum because such an institution did not exist.

In slave-owning societies the mental condition of slaves was also a significant issue. At the sale of a slave, Athenian law stipulated that the seller declare any defects in mind or body to the buyer, and this seems to have included mental deficiency; if he failed to do so, the seller was compelled to make restitution. It is interesting that in Plato's version of this law a physician had no right of restitution, presumably because it was expected that he would have been particularly alert to such defects. In the event that the seller had sold a defective slave to an unskilled buyer and the latter demanded restitution within the restricted time, the two parties were to choose physicians to determine the disorder. If the seller were at fault, he had to pay double the purchase price.⁵ This is a rare instance, to my knowledge, where medical expertise is called upon to determine a physical or mental condition in a legal matter. As for the insane slave, he appears to have had no legal protection. This vulnerability is consistent with Plato's proposal that a heavy fine should be imposed on anyone who failed to take care of his deranged slave.

The law aimed primarily at protecting society against the insane while the welfare of the insane was the responsibility of the family. Plato's recommendation in his *Laws* that 'if anyone be insane, let him not be seen openly in the town, but let his kinfolk watch over him as best they may, under penalty of a fine' reflects the expected behaviour of the family toward one of its members. This prescription does not say that the insane or his kinsmen were exempt from the consequences of serious damage by the insane; it was an attempt to prevent such damage.⁶ Later, Roman law imposed severe penalties on children who neglected their insane parents. Justinian decreed that anyone who took care of another's neglected father would be recognized as his lawful heir, thus disinheriting the neglectful children. Parents were also coerced by law to take proper

⁴ Agnes C. Vaughan, *Madness in Greek Thought and Custom* (Baltimore, 1919), 66.

⁵ Quoted in Rosen, *Madness in Society*, 125.

⁶ Nigel Walker, 'The Insanity Defense before 1800', *Annals of the American Academy of Political and Social Science*, 477 (1985), 26.

care of their feeble-minded children.⁷ Whether or not these laws indicated the opposite circumstances in reality, they clearly show the intent of the state to reinforce the family as the only satisfactory refuge for the mentally disordered.

Roman law regarding the insane was quite similar to Greek law. The Roman equivalent to the Greek guardian was the *curator*, who was legally responsible for the property of a madman (*furiosus*). The oldest Roman law code, the Law of the Twelve Tables, dating from the mid-fifth century BC, stipulated: 'If a man is raving mad, rightful authority over his person and chattels shall belong to his agnates or to his clansmen. . . . A person who, being insane or a spendthrift, is prohibited from administering his own goods shall be under the trusteeship of agnates.'⁸ The ancient law attests to the fact that the Romans had a system of guardianship from an early time, whose principal concern was for property and keeping it in a family. The determination of insanity seems to have been made initially by the family and was left to the discretion of the magistrates. In essence, the curator was a substitute for the *paterfamilias* over the mentally deficient; those who were mentally disturbed but under the authority of a family head had no need for the curatorship. With the development of Roman law and the disappearance of the guardianship of the clan, the insane and his property fell under the authority of his agnates. Where there was no legitimate guardian or an unsatisfactory one, magistrates took the matter in hand, in some cases confirming the testamentary appointment of a guardian. Consequently, there were three types of curators: *curator testamentarius* was appointed by a will; *curator legitimus* was the nearest relative on the father's side; and *curator dativus* was appointed by the magistrate.⁹

Beside the maniacs (*furiosi*), guardianship was extended to include idiots or mental defectives (*mente capti*) as well; the curator was to safeguard both the person and the possessions of the insane. A husband could not be the curator of his insane wife, nor could a son be a curator of his parents in early Roman law, but Justinian reversed this point of law. However the curator was chosen, the law carefully insisted on evidence of his competence and honesty. Some men were excused from the obligation of curatorship, especially soldiers, physicians, and rhetoricians.¹⁰ (Furthermore, from the early Christian era there was an important legal procedure known as *restitutio in integrum* that entitled the ward to complete restitution of his estate for losses caused by the

⁷ R. Colin Pickett, *Mental Affliction and Church Law*, 26.

⁸ Quoted in Rosen, *Madness in Society*, 126.

⁹ See Pickett, *Mental Affliction*, 22.

¹⁰ Ibid. 24.

negligence of the curator.)¹¹ Concerning slaves, no man or woman could be freed if he were mentally deranged, and if he became insane after emancipation, the judge could appoint a curator. In late antiquity the curatorship of the insane was extended to other mental defectives, the deaf, dumb, and those with incurable illnesses, although the latter did not lose all legal capacity. It appears, however, that the insane often may have been without guardians. Yet, the insane had a legal right to guardianship in Roman law that they, apparently, did not have in ancient Greek law.

Whether the madman had a guardian or not, he had no capacity to effect a legal act. According to the *Institutions* of Gaius (c. AD 150): 'An insane person cannot contract any business whatever, because he does not understand what he is doing.'¹² As indicated by this statement, the insane were declared incapable to act in the area of contracts, especially with regard to wills and marriages. Specifically, the *Digest* of Justinian states that: 'Soundness of mind, not health of body, is required of a testator when he makes his will.'¹³ There was, however, no definition of insanity or attention to medical views about mental illness in Roman law. The Romans did make a clear distinction between the perpetually insane and those only temporarily afflicted, which affected all such issues. During periods of remission of the mental disturbance, the person regained his legal capacity, so that, for example, a will that a person made before becoming insane or during periods of lucidity was entirely valid. If the individual became deranged again and had previously had a guardian, the curator resumed his powers without any decision by a magistrate. The principle that the curator was appointed for the lifetime of the ward was clearly laid down by Justinian.¹⁴ The laws of Justinian also permitted a testator to substitute other persons as his heirs rather than an insane descendant; this substitution had earlier required imperial permission.

Marriage was another form of contract, so that insanity was an impediment to a valid marriage. The *Digest* asserts the principle: 'Insanity does not permit of the contract of marriage, because the same is a matter of consent, but insanity does not annul a marriage rightly contracted.'¹⁵ Concerning the second clause, it has been argued that the *Corpus Juris Civilis* recognizes insanity as a sufficient cause for the dissolution of marriage, but this particular piece of legislation in the

¹¹ Ibid. 24-5.

¹³ Ibid.

¹⁵ Quoted ibid. 15.

¹² Quoted ibid. 13.

¹⁴ Ibid. 22.

Corpus was apparently an exception in Roman law.¹⁶ In matters relating to marriage, the children of an insane father were allowed to marry without the father's consent by Marcus Aurelius (AD 161–80)—paternal consent being an important factor in Roman marriages; Justinian extended this decree by including fathers who were temporarily insane and setting out the procedure for arranging the marriage dowry.¹⁷ However, the law discriminated somewhat against male issue of idiots and the insane, suggesting that men passed on the genes for mental ability, and the faulty inheritance should not be encouraged.

In general, any contract with an insane person was void, even if the other party was unaware of his condition. The mentally deranged were not liable to damages or fines created by their offences and could not be guilty of theft or murder. The earliest evidence of the 'insanity defence' is the argument of Modestinus, writing about AD 230: 'If a madman commit homicide, he is not covered by the Cornelian Law [that laid down the legal consequences] because he is excused by the misfortune of his fate.'¹⁸ Later, other reasons were to be given for the madman's immunity, usually that madness was a sufficient punishment. Like a child, an insane person was considered by some jurists to be incapable of malicious intent. Intention or will was at the heart of legal injury, and reason was essential for intent. Therefore, the insane were legally innocent. In this regard, the major procedural difference between English common law and Roman law was that the madman was considered to be guilty but not responsible for his criminal offences in English law and the lunatic had to be tried and pardoned by the king. In civil cases, early English law did not recognize intent, so that the insane were liable to legal action for damages. Curiously, in Roman jurisprudence as in Islamic, the insane were sometimes compared by the jurists to the absent, the sleeping, and even the dead.¹⁹ Finally, another text in the *Digest* says that insanity was not considered by the Romans to be a disgrace or a cause for repudiation of the afflicted citizen; whoever became insane, like a magistrate, retained his position and rank, as he

¹⁶ See the discussion in *ibid.* 18. Incidentally, on this issue, there is curious evidence in the legislation of the Byzantine Emperor Leo the Isaurian (AD 717–41) for the supernatural causation of insanity. According to this legislation, a husband was obliged to tolerate an insane wife for three years in the hope of her recovery; if she did not recover, the marriage was dissolved. A precaution, however, was added to this rule: the cause of the insanity was to be investigated in order to determine 'whether the husband, either personally or through the agency of others, had made use of any means, such as witchcraft, to induce this condition. If he was found guilty, he was to be forced to enter the confinement of a monastery for the rest of his life where fitting penances were to be imposed upon him in reparation for his crime' (*ibid.*).

¹⁷ *Ibid.* 20.

¹⁸ Quoted in Walker, 'The Insanity Defense', 26.

¹⁹ Pickett, *Mental Affliction*, 26; Judith S. Neaman, *Suggestion of the Devil: The Origins of Madness* (Garden City, NY, 1975), 87.

retained the ownership of his property.²⁰ In sum, Roman law both provided the insane and their properties with protection and took from them the right of any legitimate action.²¹

Building on the *Corpus Juris Civilis* and adding the numerous decrees of Church councils, regulations, and authoritative pronouncements, Christian lawyers created canon law. It was not until the twelfth century that this diffuse literature was collected and organized by Gratian in his *Decretum*, which became the core of Church law. 'The movement of the church into the laws of insanity was really the legal invasion of the soul by way of the mind.'²² That is to say, the canon lawyers were more concerned with the theological issue, the cause of insanity, than with the legal offence. Thus, canon law went far beyond Roman law with regard both to the nature of insanity and to its spiritual damage to the victim and the Church. Again, the discussions of the kinds of insanity appear to be unrelated to the contemporary medical literature. The canon lawyers took an interest in the degrees and duration of mental disturbances because of the relationship of the madman to the sacraments and, hence, his salvation. Access to the sacraments was important because they affected the Christian's status in this world and the next; the denial of last rites, for example, might condemn a sinful man to hell. Fundamentally, admission to or exclusion from the sacraments was based on the criterion of comprehension; it was accepted that a man who could not understand the sacraments could not share the blessings and responsibilities of these rites and might profane them. St Thomas formulated a hierarchy of sacraments in relation to the insane—some could be conferred on the mad without any understanding or consent, such as baptism, and others required full comprehension and agreement, such as marriage and ordination.

Baptism was important for the insane; like an infant, the mentally ill did not have to express his intent for his sinfulness to be removed. The earliest reference to the baptism of the insane appears to be in the so-called *Canonical Responses* of Timothy, Bishop of Alexandria (d. AD 385). Timothy affirmed that a catechumen who had become deranged through illness and, therefore, unable to make a profession of faith should be baptized before his death.²³ Baptism 'offered to the insane a spiritual exemption similar to the legal exemption which insanity offered the mad. "After baptism, no sin can be charged, whether it be adult or child, unless he was capable of reason."²⁴ Previous desire was essential

²⁰ Pickett, *Mental Affliction*, 27.

²¹ Neaman, *Suggestion of the Devil*, 75.

²² Ibid. 88.

²³ Pickett, *Mental Affliction*, 29.

²⁴ Neaman, *Suggestion of the Devil*, 92-3.

for penance, the eucharist, and extreme unction. Marriage and ordination, as contracts, were completely denied to the insane.²⁵ However, a marriage, once contracted, became sacrosanct, and there were no grounds for divorce. As for the priesthood, the major difficulty was the man who became deranged after ordination; he could not renounce his office, but he was deprived of his priestly function. Both the disturbed layman and the cleric were very likely to pollute the sanctity of the church. In calculating the illnesses that prevented a priest from performing his office, the canon lawyers distinguished between bodily illness, mental illness, and possession.²⁶

A central element of canon law about insanity was the issue of an individual's will, and it was the source of protection for the insane. According to St Augustine, 'Where there is no will, there can be no sin.' Consequently, because the insane have no free will or free judgement, they cannot sin or commit a crime, and they cannot be blamed for their deeds.²⁷ The insane were considered to be entirely governed by compulsion. Furthermore, insanity could not be the cause of sin, but it could be the result of sin. Canon law states: 'madness, although it is not sin, is, nevertheless, a punishment for sin, as are fevers and all other passions which we say are characteristic of the flesh'.²⁸ Insanity was also considered by canon lawyers as a disease, an imbalance of the humours, for which the individual was also held responsible. Yet, the deranged were not culpable for their actions while insane, but they were compelled to do penance after they regained their sanity for the sins that initially caused the condition. Moreover, canon law proclaimed that familiar but mistaken view that the mad were insensible to pain or injury. On the positive side, the Church offered the insane the consolation of baptism and confirmation, and under favourable circumstances the eucharist, lighter penance, and the right of sanctuary.²⁹ There is no evidence of extreme unction or anointing of the insane in the early Christian sources.

The Church also appears to have promoted the Roman institution of guardianship, and the clergy appear to have cared for the legally incompetent, particularly in monasteries. Furthermore, the priests claimed the ability from God to heal madmen, but this method of cure was distinguished sharply from profane magic for obvious reasons. Gratian in his *Decretum* cites the following law: 'Incantations are not at

²⁵ Pickett, *Mental Affliction*, 40–2. Pickett notes (p. 39) that, according to the Council of Toledo (675), men possessed by devils or suffering from similar afflictions could not enter the sacred ministry.

²⁶ Neaman, *Suggestion of the Devil*, 97.

²⁷ Pickett, *Mental Affliction*, 43–6.

²⁸ Quoted in Neaman, *Suggestion of the Devil*, 99.

²⁹ Pickett, *Mental Affliction*, 29–37.

all preferable as remedies to the mental instability of men. Let the priests remind the faithful people that they should recognize that magic arts and incantations cannot confer a remedy for the mental instability of men; weak animals cannot be cured either from lameness or from anything deadly; but this is a snare and an ambush of the old enemy [the Devil] who wickedly strives to deceive mankind. And if anyone practices these things, let a cleric step down, let a layman be anathematized.³⁰ Not all madness was possession, according to canon law; one could be insane without being possessed by the Devil.

Turning to Jewish law, mental derangement was considered in relation to various specific problems. The mentally disturbed person was considered to be one deprived of his reason, like minors and deaf-mutes, and was not held legally responsible for his actions; his sale or acquisition of property was invalid as was his ability to bear witness in court.³¹ Where an individual was judged to be incompetent, the court could appoint a guardian. Formal guardianship appears to have been the consequence of Hellenistic influence because the word in the Mishnah is *apotropos*, which is derived from the Greek *epitropos*, meaning a guardian or administrator. While the insane could not be held accountable for bodily harm to another person, no legal action could be taken against anyone charged with defaming a mentally disordered person. Where either or both prospective partners to a marriage were mentally ill, the marriage was invalid. As long as the husband was insane, no dissolution of the marriage was possible because only the husband could initiate a divorce. Nor should a husband divorce his wife if she became mentally deranged. Furthermore, the insane could not testify in a court of law, but in periods of remission, their acts and statements were considered to be legally valid.³²

Aside from specific circumstances involving the insane, Talmudic scholars established general principles. Some asserted that every law-breaker and criminal was mentally ill. The Talmud, however, does not actually define mental illness or defect but gives the following criteria: the madman was one who goes out alone at night, sleeps in the cemeteries, and tears his clothes.³³ The difficulties posed by this very

³⁰ Quoted in Neaman, *Suggestion of the Devil*, 105.

³¹ Maimonides stated: 'Le fou est invalide à porter témoignage, et non seulement le fou qui se promène nu, qui brise des objets, qui lance des pierres, mais chacun dont l'esprit est égaré, constamment troublé en un certain domaine, bien qu'on puisse pertinemment converser avec lui en d'autres domaines; celui-là aussi est invalide à témoigner et est considéré comme fou.' Quoted in M. Granek, 'Le Concept de fou et ses implications dans la littérature talmudique et ses exégèses', *Annales médico-psychologiques*, 1 (Paris, 1976), 33.

³² Rosen, *Madness in Society*, 65-7; Granek, 'Le Concept de fou', 13-36.

³³ Granek, 'Le Concept de fou', 20-2.

inadequate definition of the madman are obvious. Concerning religious activities, the insane were usually barred from undertaking any ritual functions, such as public readings of the Torah, slaughtering meat, and religious office.³⁴

(B) ISLAMIC LAW

Insanity in Islamic law is not considered as a separate or distinct category in the legal textbooks. It is discussed as a cause of legal disability or interdiction (*ḥajr*) and as a particular disability within such broad areas as taxation, marriage, divorce, inheritance, contracts, and religious obligations. The most profitable manner of gaining an understanding of insanity in Islamic law is to look closely at *ḥajr*, or legal interdiction, which designates both the imposition of restriction and the status of the restricted individual.

Before turning to the interdiction of the insane, a concise description of legal capacity³⁵ is helpful:

The highest degree of legal capacity is that of the free Muslim who is sane (*‘āqil*) and of age (*bāligh*); he is fully responsible (*mukallaf*). Majority is determined by physical indications, by the declaration of the youth in question, or, failing this, by reaching the age of fifteen lunar years. The *mukallaf* has the capacity to contract and to dispose (*taṣarruf*), he is bound to fulfil the religious duties, and he is fully subject to criminal law, being capable of deliberate intent (*‘amd*).³⁶

As in Roman and canon laws, intention or will was essential for the commitment of a criminal act.³⁷ The consequences of the lack of will is well expressed by the *ḥadīth* of the Prophet: ‘The Pen does not record (evil actions) against the sleeper until he awakes, or against the boy until he reaches puberty, or against the madman until he recovers his wits.’³⁸

³⁴ Granek, ‘Le Concept de fou’, 20–2.

³⁵ For the historical development of the notion of legal capacity (*abliyya*) and its relation to reason (*‘aql*), see the study of R. Brunschvig that is based on the work of al-Pazdawī (d. 482/1089): ‘Théorie générale de la capacité chez les Hanafites médiévaux’, *Revue internationale des droits de l’antiquité*, 2 (1949), 157–72.

³⁶ Joseph Schacht, *An Introduction to Islamic Law*, 124–5.

³⁷ The sane adult Muslim is deprived of his will when asleep, unconscious, or drunk. In the first two cases, the individual’s words cannot be construed as expressing his will and, therefore, have no juridical effect. On the other hand, the status of the drunkard is complicated by the Muslim prohibition of intoxicants. Consequently, the majority of the jurists hold that an individual is responsible for his acts while intoxicated. See Y. Linant de Bellefonds, *Traité de droit musulman comparé* (3 vols.; The Hague–Paris, 1965–73), i. 248–50.

³⁸ Al-Hujwiri, *The Kashf al-mahjūb*, 351.

The interdiction that results from madness, either congenital or acquired, is automatic according to the majority of the legal schools. Like a child (*ṭifl*), those with continuous insanity (*majnūn mutbaqan*), which is judged by some to be a month and by others to be a year, have no legal capacity.³⁹ In Ḥanafī law, the insane are virtually non-existent (*bāṭil*).⁴⁰ As a result of interdiction the insane lose their ability to dispose freely of their property, for the intent of interdiction is primarily to protect the interests of the interdicted and his beneficiaries. There are degrees of interdiction, but the child, the man on his death-bed, and the insane are the most vigorously interdicted.⁴¹

Interdiction of the insane is based on the four traditional sources of the law, and the jurists naturally take the Qur'ān as their point of departure.⁴² Ash-Shāfi'ī (d. 204/820) in his *Kitāb al-Umm* illustrates well this legal process. For ash-Shāfi'ī the principles for interdiction are verses 4: 6 and 2: 282 of the Qur'ān. The first verse states: 'Test well the orphans, until they reach the age of marrying; then, if you perceive in them right judgment, deliver to them their property; consume it not wastefully and hastily ere they are grown' (4: 5(6)). Ash-Shāfi'ī interprets this verse to mean that there are two conditions under which an orphan—and by implication the fool, the weak, or the insane—may take charge of his property: being mature and of 'right judgement' (*rashīd*). The notion of *rashīd* is crucial; it means here 'probity in religion, so that one's testimony is permissible in the settlement of property'. In order to determine whether one can understand such a settlement, he should be tested. The test differed according to the type of person involved. For example, whoever uses vulgar language and confuses buying with selling, before and after maturity, should be further tested. The person in question should be tested to see how he spends his money. If he does so for his own benefit, for something he needs and for a small price, and if he is economical and is not easily deceived in his expenditures, then, his property should be turned over to

³⁹ Gotthelf Bergsträsser, *G. Bergsträsser's Grundzüge des islamischen Rechts*, ed. Joseph Schacht (Lehrbücher des Seminars für orientalische Sprachen zu Berlin, 35; Berlin-Leipzig, 1935), 35. Bergsträsser points out, however, that the insane may be obligated, without their co-operation, to pay the *ṣadaqat al-fitr*, to set free their own parents when they came into their possession as slaves, and to be liable for the reward (*ju'l*) for the return of their slaves (ibid. 35 f.).

⁴⁰ It is interesting to note that in Ḥanafī law interdiction was also extended to the ignorant doctor in an attempt to protect the public from his practice of the craft. Linant de Bellefonds, *Traité*, iii. 259, 289.

⁴¹ *El2*, s.v. 'Hadjr' (J. Schacht); Linant de Bellefonds, *Traité*, iii. 259.

⁴² I am greatly indebted to Dr Gary Leiser for his making available to me his unpublished paper 'On the Concept of Insanity in Islamic Law'.

him. The testing of a woman is more rigorous but along the same lines; she should be tested by women and close relatives (*dhū al-mahārim*).⁴³

The second relevant verse reads: 'And if the debtor be a fool [*safih*], or weak, or unable to dictate himself, then let his guardian dictate justly' (2: 282). Ash-Shāfi'ī interprets the verse to mean that in all cases a guardian should be appointed for a fool, a weak person, or one who cannot dictate. He adds that one of the most probable reasons why someone would not be able to dictate would be because he has lost control of his mental faculties.⁴⁴ An-Nawawī (d. 676/1278) expresses a difference of opinion among the Shāfi'ī jurists regarding the care of the madman and the idiot: according to some, an adult in either condition should be placed under the supervision of the court, and according to others, under the person who would be his guardian if he were a minor.⁴⁵

Ash-Shāfi'ī follows very closely the words of the Qur'ān. In these verses insanity is not specifically mentioned, nor is there any direct reference in the Qur'ān to the legal status of the insane. Ash-Shāfi'ī does not discuss the issue explicitly, but the mentally disturbed are surely included in his expression 'one who has lost control of his mental faculties'. The insane are implicitly included among the foolish, the weak, and those who cannot dictate. On the other hand, he does not define these latter terms; instead, he gives them an indirect collective meaning. They are those who are not *rashīd*, and he instructs us on how to determine whether a person is *rashīd*.⁴⁶

Al-Mughnī by the Ḥanbalī jurist Ibn Qudāma (d. 620/1223) represents well this legal school, but he gives much the same information as ash-Shāfi'ī. In addition to the two verses cited by the latter, Ibn Qudāma also cites verse 4: 5 of the Qur'ān: 'But do not give to fools their property that God has assigned to you to manage; provide for them and clothe them out of it, and speak to them honourable words.' Like ash-Shāfi'ī, he thinks that being *rashīd* is the key to whether or not someone is interdicted—be he a minor, a fool, or a deranged person. Again, this means that anyone in question should be tested. After describing how someone who is *rashīd* should not lie or lead a dissolute life, Ibn Qudāma

⁴³ Muḥammad Z. an-Najjār, ed., viii (Cairo, 1961), 105.

⁴⁴ Ibid.

⁴⁵ *Minhāj at-ṭalibīn*, trans. L. W. C. Van den Berg and E. C. Howard (London, 1914), 167–9.

⁴⁶ Cf. Carl E. Sachau, *Muhammedanisches Recht nach Schafitischer Lehre* (Lehrbücher des Seminars für orientalische Sprachen zu Berlin, 17; Stuttgart–Berlin, 1897), 61. According to later Shāfi'ī opinion, the adult madman could be considered legally as a foundling if, like a true foundling, he were found abandoned at the entrance to a mosque and without relatives (ibid. 661); the madman with some discernment could legally be deterred in order to restrain the man from evil (ibid. 817); and the statement of a madman about the finding of lost property is invalid, and the guardian must assume full responsibility (ibid. 645 f.).

says that he should be tested, according to his position in life, as to how he conducts his affairs. For example, the son of a merchant should be examined to learn how he buys and sells. If he is not cheated or wasteful with what he owns, he is *rashīd*.⁴⁷ Ibn Qudāma does not attempt to define insanity any more than ash-Shāfi'ī, although he at least uses the word and says in one place that an insane person is one with defective reason.⁴⁸ For him, there is little difficulty in deciding whether or not someone is insane. Insanity does not require any great intellectual effort (*ijtihād*) to discover, for it is obvious, and interdiction is automatic; no ruling by a judge is necessary.⁴⁹

The position of the Ḥanafī school on *ḥajr* may be seen in the voluminous work of as-Sarakhsī (d. 483/1090), *Kitāb al-Mabsūt fī l-furū'*. As-Sarakhsī says simply that the *majnūn* is one who is lacking in reason ('*adīm al-'aql*) and the *ma'tūh* is one who is deficient in reason (*nāqis al-'aql*). He bases the justification for interdiction of the insane and the idiot on the same Qur'ānic verses that ash-Shāfi'ī cited. As-Sarakhsī gives a lengthy comparison of the minor with the *majnūn* and the *ma'tūh*; generally, the rules governing the insane are like those for children who have not reached the age of discernment; legally, their positions are about the same.⁵⁰ During lucid intervals, the sane person is considered to possess his full legal capacity.⁵¹ In a major work by al-Kāsānī (d. 587/1191), interdiction and retention (*ḥabs*) are treated together.⁵² The chief causes of interdiction were, as usual, insanity, childhood, and slavery. There is no interest in the wide range of possible mental disturbances, from florid conditions to simple-mindedness. Although al-Kāsānī says little about madness, he states simply that the interdiction comes to an end when the insane regain their lucidity (*ifāqa*). Al-Kāsānī warns that, if the recovered individual proves to be not fully competent (i.e. *safih* as opposed to *rashīd*), he should be considered legally as a child, although this advice raises the controversial issue among the Ḥanafī lawyers concerning the definition of maturity. To the Ḥanafī discussion of this topic, al-Marghīnānī (d. 593/1197) added the category of imbecility (*al-ghafla*), for the first time, as a cause of interdiction, as well as *ma'tūh*.⁵³

⁴⁷ Taha M. az-Zaynī, ed., iv (Cairo, 1969), 343, 351–2.

⁴⁸ Ibid. 353.

⁴⁹ Ibid. 344.

⁵⁰ *Kitāb al-Mabsūt* (30 vols.; Cairo, 1906–13), xxiv. 156–8.

⁵¹ 'Abd ar-Rahmān al-Jazā'irī, ed., *Kitāb al-Fiqh 'ala l-madhāhib al-arba'a* (Cairo, 1933), ii. 478. For a survey of Ḥanafī opinions on interdiction, see Chafik Chehata, *Études de droit musulman*, (Travaux et recherches de la Faculté de droit et des sciences économiques, 1971), 7; Paris, 1971), 93–155.

⁵² *Badā'i' aṣ-ṣana'i' fī tartīb ash-sharā'i'*, which is discussed by Chehata, *Études*, 111–35.

⁵³ *The Hedaya, or Guide: A Commentary on the Mussulman Laws*, trans. Charles Hamilton, 2nd edn., ed. S. Grady (London, 1870), 524 f.

The fourth Sunnī law school, the Mālikī, considers the insane to be legally analogous to a child whether the insane are deprived of reason permanently or temporarily, as in cases of epilepsy or delusions. Thus, there is no legal distinction between these permanent and intermittent forms of mental disturbances; in other words, there was no provision for lucid intervals.⁵⁴ Furthermore, the Mālikī school requires a *hākim* to decide in a given case whether or not a mature person is insane. One would expect that the Mālikī law books would, therefore, provide more detailed information and clearer guide-lines for the judge in establishing insanity than is found in the textbooks of the other schools. This expectation is not, however, fulfilled.⁵⁵ In the *Muwattaʿa*ʾ of Mālik ibn Anas (d. 179/795), the founder of the school, there is no discussion of *ḥajr*, much less of insanity.⁵⁶ The same is true for the *Mudawwana al-Kubra* of Saḥnūn (d. AD 854).⁵⁷ Ibn Rushd (d. AD 1198), known in the West as Averroes, does describe *ḥajr* in his legal work *Bidāyat al-mujtahid*.⁵⁸ He also discusses insanity in this description but in general and familiar terms: the insane lack reason, and their condition may be permanent or temporary, while some people are only partially insane. The insane, on the whole, are treated like minors under *ḥajr*. A judge must impose interdiction on a mature insane individual, but there are no details. Moreover, it is surprising that Ibn Rushd, a prominent physician and philosopher, does not mention the various forms of mental illness or its philosophical implications. The eighth/fourteenth-century Mālikī jurist Khalīl ibn Ishāq also discussed interdiction. He considered insanity to be 'accidental' as opposed to 'natural' interdiction, such as childhood. Insanity, of whatever sort, is interdicted by the victim's parents if they exist; in default of them, by a judge; and in default of a judge, by the consensus of the community.⁵⁹ Apparently, the judge has the right to make such a decision about the legal status of an individual even if no one

⁵⁴ Al-Jazāʾirī, *Kitāb al-Fiqh*, 479.

⁵⁵ e.g. the *Mukhtaṣar* of Khalīl ibn Ishāq (d. 767/1365) gives a clear description of the judge's duty publicly to prohibit transactions with interdicted minors but nothing is said about the insane: *Précis de jurisprudence musulmane*, trans. M. Perron (Exploration scientifique de l'Algérie pendant les années 1840, 1841, 1842; Paris, 1848–52), iv. 74f.; v. 140.

⁵⁶ Tunis, 1280 AH.

⁵⁷ Beirut, 1970 AD.

⁵⁸ Cairo, 1952, ii. 275–80. The section of the *Bidāya* on *ḥajr* translated by G.-H. Bousquet ('La "Bidaya" d'Averroes: Le Livre de l'interdiction (Kitāb-el-h'adjr)', *Revue algérienne* (1949), 41–9) concerns mainly the question of the interdiction of the adult profligate; comparable to the insane, the interdiction of the former must be imposed by a judge according to Mālikī law.

⁵⁹ Khalīl ibn Ishāq, *Précis*, iv. 58 f. See also F. H. Ruxton's translation of Ibn Ishāq's *al-Mukhtaṣar: Maliki Law* (London, 1916), 183 f. and G.-H. Bousquet's translation: *Abrégé de la loi musulmane selon le rite de l'Imām Mālek* (Publications de l'Institut d'études orientales de la faculté des lettres d'Alger; Algiers, 1956–62), paras. 213 f., 173, 282.

in the family requested it. Thus, in lieu of any special procedure, the Mālikī judge simply based his decision on the testimony of two adult male Muslim witnesses; there was no need for the interrogation of the individual or his family. There was also no provision in the law for publicizing the decision or appealing it. Nothing is said in any of the law-books about the internment of the insane.⁶⁰

To summarize these legal opinions: interdiction presupposed incapacity. The insane and the child were invariably considered to be 'incapacitated' because of their common inability to reason, and guardianship is often seen as an extension of minority or of child custody (*ḥaḍāna*). In principle, the notion of legal incapacity is clearly based on the need for protection of the defenceless.⁶¹ While there is no legal definition of insanity, the description of discernment or right judgement in children is helpful. There is no set age in Muslim law at which a child acquires discernment, but there were criteria for determining whether a minor has reached the stage of discernment, and the criteria give us some indication of what was considered legally to be mentally competent. For example, in the Ottoman *Mejelle*, which was based on Ḥanafī law, it says, 'The minor lacking discernment is one who does not understand the difference between buying and selling, who does not know that selling means giving up property and that buying means acquiring it, and who does not distinguish between an excessive injury and a slight one.'⁶² However insanity was assessed, the Mālikī school was exceptional in requiring a judicial decision that an individual was insane. Like Roman law with regard to curatorship, most Islamic law schools did not usually require a judicial decision. In general, the law schools placed the initial recognition and immediate responsibility for the insane and his property on the family and ultimately on the local judge. The only exception to interdiction because of insanity in an adult was periods of lucidity, in which the acts of the otherwise insane were fully valid. Some jurists, however, maintained that the legal acts committed during such lucid intervals were subject to approval by the guardian.

Consequently, the general rules of Islamic law concerning the interdiction of the insane are quite simple: being deprived of reason, the deranged individual is unable to undertake judicial acts, but in periods of lucidity, all judicial functions are permitted to him. There are obvious difficulties. The requirement of a legal decision for interdiction of the mentally disturbed by the Mālikī jurists creates problems concerning

⁶⁰ Victor Perreimond, *De la protection juridique des incapables en droit musulman: Étude de droit comparé* (Paris, 1903), 270-89.

⁶¹ Chehata, *Études*, 80 et *passim*.

⁶² Quoted in Linant de Bellefonds, *Traité*, 245.

the validity of acts performed by the insane before the judgement and the status of the insane during lucid intervals after the judgement, but such problems would arise in any case if there were a question of a person's sanity at the time of a legal action. In addition, there are degrees of unreason. The simple definition of insanity as the inability to understand is complicated by another category of mental incapacity that the Ḥanafis distinguished as '*atāha*, or idiocy.⁶³ Among the Ḥanafis, some held that the idiot was legally identical to the madman while others maintained that he was semi- or partially insane. In the first case, the *ma'tūh* was distinguished from the madman simply by his less violent behaviour. Thus, *junūn* corresponded to violent madness while '*atāha* to pacific madness. One jurist stated: 'We can say that the *ma'tūh* is stupified but not mad. . . . it is a question of an individual who understands with difficulty, who expresses himself in a confused manner, and whose behaviour is defective. Also he does not strike or insult [other people] like a real madman.' In the second case, the idiot was comparable to the minor with discernment and was able to conclude purely advantageous transactions and to accept donations and charitable gifts. The second case represented the view of the majority of the Ḥanafī authors.⁶⁴

Partial incapacity is also assigned by most of the schools to the foolish or prodigal (*safīh*) and the imbecile or simpleton (*dhū l-ghafla*), whose ability to conclude legal acts is limited. Abū Ḥanīfa allowed interdiction to neither. The two disciples of Abū Ḥanīfa and the jurists of all other schools, however, are in favour of interdiction of the fool and the simpleton without distinction between them. As Yvon Linant de Bellefonds states, this appears surprising because there is little comparison between the moral weakness of the first and the mental deficiencies of the second.⁶⁵ Nevertheless, the lawyers recognized in both an equal diminution of mental faculties. In principle, the incapacity was the same as the minor who had reached the age of discernment. Similarly, legal acts that were damaging to their interests, even when approved by the guardian, were absolutely prohibited to the foolish and the imbecile. Yet, they were able to conclude by themselves acts that could only be to their advantage, such as the acceptance of a gift or a legacy. The law schools disagreed about the permissibility of legal action by the foolish and the simpleton that might incur a risk. Except for the Ḥanafis, the law schools allowed them the right to make their wills and to constitute their properties as *waqf*. Acts that were considered as rights of God, such as

⁶³ This term generally meant, according to an-Naysābūrī, one who was congenitally insane ('*Uqalā'*, 19).

⁶⁴ Linant de Bellefonds, *Traité*, i. 247–8, iii. 262–3.

⁶⁵ Ibid. i. 254.

marriage, divorce, and emancipation could be performed by the foolish and the simple-minded and were considered valid by the law schools with the exception of emancipation, which was only allowed by the Ḥanafīs.

A major aspect of interdiction of the insane is the provision of guardianship of their property (*wilāyat al-māl*). As a matter of personal law, every freeman possesses *wilāya*, the power of disposing of himself. In certain cases, however, this power can and must be transferred to another person. There are various forms of guardianship in Islamic law, such as the guardianship of the bride in marriage and the custody of children (*ḥaḍāna*).⁶⁶ The basic sense of *wālī* is one who is empowered to exercise the legal rights of an incapacitated person.⁶⁷ Moreover, the judge in both Sunnī and Shīʿī law exercises a general power of surveillance over the affairs of the legally disadvantaged.⁶⁸ Ibn Khaldūn alleges that the judge's supervision of the incompetent developed in the early Islamic period in addition to his strictly juridical function.⁶⁹ The laws concerning guardianship were derived from passages in the Qurʾān dealing with the protection of orphans.⁷⁰

Guardianship of property is primarily invested in the father of the incapacitated; generally, if the father has died without appointing an executor, or *waṣī*, the guardian is the grandfather. Secondarily, guardianship of property may be exercised by the *waṣī*, who can be the mother; or thirdly, the *waṣī* may be appointed by the court. The guardian must be a Muslim who is mature and in full possession of his mental faculties, of good repute (*ʿaḍl*), and able to undertake the office. Guardianship is considered to be a religious duty and can only be declined for important reasons approved by the *qāḍī*. The *de facto* or *de jure* guardian should act responsibly toward the ward and his property, but the abuses of guardianship were potentially great despite the attempts of the law to limit them. The guardian's powers include arranging the ward's marriage and divorce, his will, and other personal affairs. He may invest his ward's estate in business but not in his own, but he can only dispose of the

⁶⁶ See *El2*, s.v. 'Ḥaḍāna' (Y. Linant de Bellefonds); Hans-Eberhard Klinkhardt, *Die Personensorge nach islamischen Recht* (Beiträge zur Sprach- und Kulturgeschichte des Orients, 18; Bonn, 1966). The custodian generally assumes the parental responsibility for the child, but the law schools differ in the manner of determining the custodian; ultimate responsibility for the child usually resided in the judge. For minority and custodianship in Mālikī law, see Khalīl ibn Ishāq, *Précis*, iv. 59–74; Perreimond, *De la protection*, bk 1; Ruxton, *Maliki Law*, 155 f.

⁶⁷ Chehata (*Études*, 82–4) emphasizes the distinction between the guardian or tutor and the legal representative of an individual.

⁶⁸ For the latter, see A. Querry, *Droit musulman: Recueil de lois concernant les musulmans schyites* (2 vols.; Paris, 1871), ii. 391.

⁶⁹ *The Muqaddimah*, Rosenthal trans., i. 455.

⁷⁰ Especially sūra 4: 2 ff.

ward's lands or houses with the approval of the judge. The *waṣī* is obliged to give his ward an account of his stewardship. Guardianship is ended by the death of the guardian or his ward, when the madman becomes *rashīd* and capable of administering his own estate, or when the guardian is removed for improper conduct.⁷¹ In theory, it is the duty of anyone knowing of the misconduct of a guardian to inform the judge, who has the authority to remove any guardian and appoint another.⁷² Thus, in matters of social welfare, the judge is 'the guardian of those who have no other guardian'.⁷³

Concerning the guardianship of the individual, the insane are considered legally to be children, and whoever cares for the insane is expected to act as a parent. There is no legal problem with mentally disturbed children; they remain permanently under the tutelage of their parents. The married individual has the right to expect the care of his spouse; in this matter, daughters precede all other relatives except their mothers in being qualified to act as guardians. Shāfi'i law is generally prejudiced in favour of the female relatives in assigning responsibility of the care for an insane ward.⁷⁴

Generally, the guardian of the madman was responsible for the damage that the insane caused. In Mālikī law, the interdicted insane were not culpable for property that was entrusted to them because it was considered to be put at risk by the lender; otherwise, the madman was responsible.⁷⁵ The insane were generally not culpable for religiously proscribed crimes in Sunnī law;⁷⁶ however, it is a contested issue in Shī'i law whether an insane man is excluded from punishment for adultery and fornication with a sane woman.⁷⁷ Concerning ordinary crime and punishment, the insane possessed a special status. Because the mentally disturbed lacked deliberate intent, they could not be held liable for criminal offences, but they, or their guardians, were liable for damages. In the case of homicide, the same principle was generally applicable. Homicide by a lunatic was considered to be both actionable and

⁷¹ EI1, s.v. 'Wilāya' (W. Heffening); T. W. Juynboll, *Handbuch des islamischen Gesetzes* (Leiden, 1910), 195–201, concerning Shāfi'i law.

⁷² Seymour Vesey-Fitzgerald, *Muhammadan Law: An Abridgement* (Oxford, 1931), 106–10.

⁷³ Schacht, *Introduction*, 188; see also Ibn Khaldūn, *The Muqaddimah*, Rosenthal trans., i. 455.

⁷⁴ Klinkhardt, *Die Personensorge*, 78; Sachau, *Muhammedanisches Recht*, 114.

⁷⁵ J. Lapanne-Joinville, 'La Responsabilité de l'incapable en droit musulman malékite', *Revue Marocaine de Droit*, 10 (1958), 119–24.

⁷⁶ SEI, s.v. 'Zinā' (J. Schacht). Nor is a man or woman liable to legal punishment for intercourse with jinn in Mālikī law; see Khalīl ibn Ishāq, *Précis*, vi. 458, no. 1.

⁷⁷ Query, *Droit musulman*, ii. 484; see also Ruxton, *Maliki Law*, 330.

accidental or involuntary. Actionable because 'the basic purpose of the law was to recompense the tribe or family of the victim for the loss of one of its members. The law here comes very close to the notion of absolute liability, inasmuch as a person will generally be held responsible for a death caused directly by his act, however involuntary or innocent such [an] act may be.'⁷⁸ The crime is accidental because the madman is legally incapable of forming a criminal intent and is, therefore, not liable to the death penalty. Thus, like English law, one may be judged 'guilty but insane'. Still, following the normal principles of tort, an actionable or unlawful homicide by the insane entails liability for blood-money or compensation to the victim's family.⁷⁹ On the other hand, if a sane man kills a madman intentionally in self-defence, there is no retaliation and 'heavier' blood-money or higher compensation must be paid to the victim's heirs.⁸⁰

One aspect of homicide in Islamic law is the issue of whether the insane person can inherit from his victim. All the schools naturally accepted the basic principle that a killer does not inherit from his victim.⁸¹ The insane, however, are generally not prohibited from inheriting from an individual whom they have killed directly. This exception is due to the fact that lunatics are considered a special category of persons outside the ambit of the general law. As a contemporary Egyptian jurist states, 'the commands and prohibitions of the Law-giver are not addressed to them'. For example, in Ḥanafī law, the exemption of the insane from the elaborate laws of inheritance is because of the lack of criminal intent; there is no 'sin' or 'guilt' on the part of the mad killer, so that he can inherit from his victim.⁸² On the other hand, in Mālikī law, lunatics are barred from inheritance when they commit deliberate homicide, while they are not liable to the penalty of retaliation because there is no criminal design, which appears quite illogical.⁸³ Shāfi'ī law takes no cognizance of intention and causation; the principle that the murderer does not inherit from his victim is absolute. Shī'ī law is quite consistent regarding the insane. The mentally disturbed cannot be held guilty of deliberate homicide because the necessary criminal intent is lacking. Only deliberate homicide constitutes an impediment to inheritance, so the insane are allowed to inherit.⁸⁴

Insanity obviously impinged on a number of issues of personal status, such as marriage and slavery. Lunacy, impotence, or disease were not a

⁷⁸ N. J. Coulson, *Succession in the Muslim Family* (Cambridge, Mass., 1971), 176-7.

⁷⁹ Ibid. 179, 181; Schacht, *Introduction*, 182.

⁸⁰ Schacht, *Introduction*, 182; Bergsträsser, *G. Bergsträsser's Grundzüge*, 102.

⁸¹ Coulson, *Succession*, 176.

⁸² Ibid. 181.

⁸³ Ibid.

⁸⁴ Ibid. 181.

complete bar to marriage; the lunatic, like a child, could be contracted in marriage by a guardian.⁸⁵ When it was judged that marriage was a necessity for a madman, it was to procure for him the satisfaction of which a man had a right or to secure for him a guardian and keeper.⁸⁶ The marriage arrangements were naturally conducted by the guardian. According to Shāfiʿī law, a lunatic could not serve as a marriage guardian. Furthermore, a father or grandfather should seek a husband for an adult insane daughter; as for an adult male lunatic, his curator should not seek a wife for him unless he is manifestly in need of one. And promises of marriage should never be made for mentally perturbed minors of either sex.⁸⁷ If the husband were insane, his guardian must provide for the daily needs of his wives and bring his ward successively to each wife for the *partage des nuits*.⁸⁸ Otherwise, madness and incurable illnesses were grounds for divorce whenever it occurred.⁸⁹ For a husband to repudiate his wife, he must be *compos mentis*; the guardian would act, therefore, for the legally disqualified husband.⁹⁰ In Palestine in the early twentieth century, a marriage could not be contracted between two insane partners. If the husband became insane during a marriage, the wife had the right to ask the judge for a divorce, which would be granted if the husband was 'irrecoverably lost'. The husband, on the other hand, could either divorce a deranged wife or, if the condition were less serious, postpone such a decision. He could not be forced to divorce his wife although insanity was considered as annulling a marriage.⁹¹ In Shiʿī law, a woman is able to dissolve the marriage with her husband who is attacked by insanity even though it occurred after their marriage; some jurists were of the opinion that such a dissolution of matrimony should only be pronounced where the madness did not cease at the hours of prayer! The

⁸⁵ In Ḥanafī law, all contracts concluded by an interdicted person were void; see J. N. D. Anderson, 'Invalid and Void Marriages in Hanafī Law', University of London, School of Oriental and African Studies, *Bulletin*, 13 (1950), 357–66.

⁸⁶ Ibn Qudāma quoted in Linat de Bellefonds, *Traité*, i. 246. Similarly in Shāfiʿī law, see Sachau, *Muhammedanisches Recht*, 23 f.

⁸⁷ An-Nawawī, *Minhaj at-talibin*, 285. See also Ruxton, *Maliki Law*, 92.

⁸⁸ Ruxton, *Maliki Law*, 118; Bousquet, *Abrégé*, para. 134.

⁸⁹ See Bergsträsser, *G. Bergsträsser's Grundzüge*, 85 f.; Vesey-Fitzgerald, *Muhammadan Law*, 40, 80; Ruxton, *Maliki Law*, 104. A Christian missionary in Egypt in the 20th cent. reported that a wealthy friend of his in Cairo was unfaithful to his wife, who resorted to a sorcerer. 'Acting upon her advice, at night she disrobed, left her sleeping husband, and went up on the roof of the house. After bathing herself with salt water . . . she lighted a fire and burned some magical gums in the smoke of which she cut off the head of a harmless serpent provided by the sorceress, at the same time uttering the incantation that was to avenge her against her husband. Next day the husband's love for her returned, and when she scorned it he became insane, as the sorceress had said, and the wife was able to claim divorce on the ground of his insanity' (Herbert E. E. Hayes, 'Islam and Magic in Egypt', *Moslem World*, 3 (1913), 398–9).

⁹⁰ *SEI*, s.v. 'Nikāh' (J. Schacht).

⁹¹ Stephan, 'Lunacy in Palestinian Folklore', 4.

legally acceptable reasons for a man's divorce of his wife are predictably more numerous than the reverse, and they include incessant madness and leprosy.⁹²

Briefly, regarding slavery, Mālikī law allowed, in places where it was the customary usage, an automatic guarantee of three days, at the expense of the seller of a slave, against any 'faults' ('*uyūb*) in a slave and one year in the case of madness or leprosy.⁹³ According to Ḥanafī law, lunacy is considered a perpetual defect in the slave but the buyer cannot return the defective slave unless his madness recurs.⁹⁴ It would appear that mentally defective slaves were bought and sold but, predictably, for a lower price. For example, in a sufi anecdote, it is incidentally mentioned that the owner of a young female mystic had bought her for only seven dinars because she was believed to be *majnūna*.⁹⁵ The capacity to dispose of property could be conferred on a slave by his master for a specific transaction or generally; in the latter case, this permission was withdrawn by law if the owner became insane.⁹⁶ According to Mālikī law, a slave could not be constrained to marry another slave who was insane.⁹⁷

The issue of insanity also touches upon a wide range of other quasi-legal, actually ritualistic, aspects of Muslim life. Generally, the insane are relieved of these religious rights and obligations ('*ibādāt*').⁹⁸ In Shī'ī Islam, there is a comparable exemption; for example, a man does not have to make reparations for an omitted or annulled prayer because of an attack of insanity.⁹⁹ Basically, ritual purity (*tahāra*), in either the material or mental sense, is unobtainable by the insane; he is not able respectively to follow the legal rules for bodily purity or to conceive of the proper spiritual purpose (*nīya*) for worship.¹⁰⁰ According to Mālikī law, a madman or idiot is not allowed to slaughter meat; furthermore, any loss of mental faculties annuls ritual purity.¹⁰¹

Related to ceremonial purity, the insane are not bound to observe the five daily prayers, nor were they encouraged to attend congregational prayers or funerals because of the obvious likelihood that the madman

⁹² Query, *Droit musulman*, i. 708 f.

⁹³ *El2*, s.v. 'Abd' (R. Brunschvig). According to a 5th-cent. Syriac law-book, a buyer of slaves could not return a young slave to the seller except when the buyer found a demon in the slave (Bruns and Sachau, *Syrisch-Römisches Rechtsbuch*, para. 39).

⁹⁴ *The Bidaya*, 259.

⁹⁵ Dermenghem, *Vies des saints*, 340.

⁹⁶ Schacht, *Introduction*, 129.

⁹⁷ Ruxton, *Maliki Law*, 92.

⁹⁸ *El2*, s.v. 'Ibādāt' (G.-H. Bousquet).

⁹⁹ Query, *Droit musulman*, i. pp. 53, 110.

¹⁰⁰ *SEI*, s.v. 'Tahāra' (A. S. Tritton). *Tahāra* has become the common name for circumcision, and on this topic, nothing is said about insanity; presumably, it is not an impediment.

¹⁰¹ Khalil ibn Ishāq, *Précis*, i. 15, 44.

would disturb the diffused participatory sanctity of Muslim worship.¹⁰² In Mālikī law it is reprehensible to be late for prayer except for good reason, such as an attack of insanity; in addition, congregational prayer is invalid when it is led by a madman.¹⁰³ The believer who is attacked by an illness, and specifically by madness, should leave the mosque promptly.¹⁰⁴ Nor should the believer visit the sick who are lodged in the mosque,¹⁰⁵ which obviously implies that mosques might serve such a function. In Shī'ī law, the insane should be prevented from staying in the mosque, and a judge should be deposed if he were a victim of mental illness.¹⁰⁶

In Sunnī Islam, mental derangement was both a cause for removing a judge and a bar to his appointment. The latter case is well illustrated in an anecdote by al-Hujwīrī about Abū Ḥanīfa an-Nu'mān (d. 150/767), the eponymous founder of the Ḥanafī school of law. During the reign of the 'Abbāsīd caliph al-Manṣūr, there was a plan to appoint as judge of the new imperial city either Abū Ḥanīfa, Sufyān ath-Thawrī, Mis'ar ibn Kidām, or Shurayḥ. As they were journeying toward Baghdad to see the caliph, who had summoned them, Abū Ḥanīfa said to his companions: 'I will reject this office by means of a certain trick, Mis'ar will feign to be mad, Sufyān will run away, and Shurayḥ will be made Cadi.' Thereupon, Sufyān fled by ship. The other three came to the court of al-Manṣūr, and the caliph demanded that Abū Ḥanīfa accept the position, but he refused. Abū Ḥanīfa claimed that he was not an Arab but a client of the Arabs, so that they would not accept his legal decisions; consequently, he escaped the office. Then Mis'ar came forward and seized the caliph's hand and said: 'How are you, and your children, and your beasts of burden?' 'Away with him,' the caliph cried, 'he is mad!' Finally, Shurayḥ was told that he must fill the position, but he said, 'I am melancholic and light-witted.' So the caliph advised him to drink decoctions and potions in order for him to regain his intellect and appointed him as the judge of the capital.¹⁰⁷

¹⁰² *SEI*, s.v. 'Ṣalāt' (A. J. Wensinck).

¹⁰³ Khalīl ibn Ishāq, *Précis*, i. 91–203. Incidentally, prayer under the direction of a leper is permitted as long as the disease has not reached the point that it is offensive to others and the leader's voice has not become dull and hoarse (ibid. 208, see also p. 265). This instance of an implicit tolerance of lepers in western Islamic countries may be compared to the explicit prohibition of the leper as *imām* in Shī'ī law; see Querry, *Droit musulman*, i. 118.

¹⁰⁴ Khalīl ibn Ishāq, *Précis*, i. 506.

¹⁰⁵ Ibid. i. 503.

¹⁰⁶ Querry, *Droit musulman*, i. 122, ii. 389.

¹⁰⁷ Al-Hujwīrī, *The Kashf al-Mahjūb*, 93–4. Al-Hujwīrī says that the story illustrates the wisdom of Abū Ḥanīfa in not being tempted by worldly renown, popularity, and wealth. It also shows the soundness, according to the author, of *malāmat* or dissimulation because all three worthy men resorted to some trick in order to avoid popularity (p. 94). Schacht points out that this biographical legend, and similar ones, were intended to explain the facts that (1) Abū Ḥanīfa ended his life in prison, and (2) this famous jurist had never held the office of *qāḍī*; the

In Ḥanafī law, the insane are exempt from the obligatory alms-tax.¹⁰⁸ Historically, this exemption explains the listing of the insane in the *defters*, or tax registers, of the Ottoman Empire. In Mālikī law, however, *zakāt* is assessable on the property of a minor or a lunatic.¹⁰⁹ In this school as well, the bankrupt should be released from prison if he goes mad on condition that he be imprisoned again if he recovers.¹¹⁰ Regarding fasting, the Shāfiʿī school stipulates that the *ṣāʾim*, or the one who fasts, must be a Muslim in full possession of his senses (*ʿāqil*).¹¹¹ And the insane are generally exempt from performing the pilgrimage.¹¹² A madman is naturally debarred from acting as a legal witness (*shāhid*)¹¹³ or from making his own will. He is not able independently to make a bequest (*waṣīyya*), which is considered a contracted gift of property postponed until the death of the donor.¹¹⁴ His profession of the faith (*shahāda*) as well as any oaths and vows are invalid. Moreover, he is not expected to observe the dietary restrictions nor obligated to participate in a holy war. In Mālikī law, a madman is considered to be a Muslim if his father was a Muslim, and a mad prisoner of war is assumed to be a Muslim.¹¹⁵ In the matter of blasphemy, for which the penalty is death, madness was not an acceptable excuse.¹¹⁶ In customary, everyday matters the insane were not subject to the conventions of personal conduct, such as veiling, even of genitalia.

The wide-ranging exemption of the insane in Muslim society is well reflected in the regulations that are to be found in the *ḥisba* books that outlined the duties of the *muḥtasib*, or market-inspector. For example, if we look at the *ḥisba* book written by Ibn al-Ukhuwwa, an Egyptian who died in 729/1329, the subject crops up in a number of places. The *muḥtasib* himself must be sane and of sound judgement as well as being Muslim, free, adult, and competent to act as a witness.¹¹⁷ The rules state, in one instance, that no penalty for drinking intoxicating liquor is

truth may be that he compromised himself by injudicious remarks during an 'Alid rebellion in AH 145 and was imprisoned for them. See *El2*, s.v. 'Abū Ḥanīfa al-Nu'mān' (J. Schacht).

¹⁰⁸ *SEI*, s.v. 'Zakāt' (J. Schacht).

¹⁰⁹ Ruxton, *Maliki Law*, 44; it is a contested issue in Shīʿī law (Querry, *Droit musulman*, i. 134).

¹¹⁰ Ruxton, *Maliki Law*, 180.

¹¹¹ *SEI*, s.v. 'Ṣawm' (C. C. Berg). This is a contested issue in Mālikī law; see Khalil ibn Ishāq, *Précis*, i. 471. Also in Mālikī law, a wife can renounce an oath of continence or virginity even if her husband is mad (Bousquet, *Abrégé*, para. 153).

¹¹² *El2*, s.v. 'Ḥadjj' (B. Lewis).

¹¹³ *SEI*, s.v. 'Shāhid' (W. Heffening). For Shīʿī law, see Querry, *Droit musulman*, ii. 452.

¹¹⁴ Coulson, *Succession*, 215–27.

¹¹⁵ Khalil ibn Ishāq, *Précis*, v. 515 f.

¹¹⁶ *Ibid.*

¹¹⁷ *The Ma'ālim al-Qurba fī aḥkām al-ḥisba*, ed. and trans. Reuben Levy (E. J. W. Gibb Memorial Series, NS, 12; London, 1938), 4.

inflicted on an infidel, a madman, a minor, a *dhimmī* (a protected non-Muslim), or a person who has acted under compulsion.¹¹⁸ Business generally cannot be transacted with lunatics;¹¹⁹ slaughter by a madman or a minor, a blind man or a drunk is disapproved of because they may err in making the sacrificial cut;¹²⁰ lunatics are excluded from all communal punishment;¹²¹ and evidence of a lunatic is not acceptable in court.¹²² If the judge himself 'is overcome by madness his authority lapses, but if he becomes subject to swooning his authority is not affected, for that is a kind of disease. [?]'¹²³ Furthermore, the teachers of boys must not teach writing in the mosques because the Prophet commanded that mosques must be kept clear of boys and lunatics who blacken the walls and defile the ground.¹²⁴ And the muezzin of the mosque cannot be a madman.¹²⁵

Of course, laws are not always enforced, but they do reveal the attitudes and courses of action that a society considers to be correct and just and that must occasionally have been realized. But what is the historical evidence for the effects of these legal prescriptions? Very little. It is well known that there are no surviving reports from medieval Islamic courts. *Fatwās* are not, strictly speaking, court records but independent opinions on points of law given by a *muftī*, or legal adviser, which the advisee might use in court.¹²⁶ Yet, by its nature, the *fatwā* does come closer than the textbooks to the realities of everyday life.¹²⁷ For example, in an eighteenth-century *fatwā* by the Ḥanafī muftī of Medina, a man became deranged at the age of 34. He continued as such until he was 60. He was interdicted 'from the beginning, and four documents (*ḥujaj*) were written relative to his derangement'. At 60 his condition improved and he became just an imbecile. The question was whether his property could now be entrusted to him. The answer was in the negative.¹²⁸ What this *fatwā* seems to show is that the incapacitated individual was placed under interdiction, as one would expect, and that it was supported by written documents that attested to his derangement.

¹¹⁸ *The Ma'ālim al-Qurba fī ahkām al-ḥisba*, ed. and trans. Reuben Levy (E. J. W. Gibb Memorial Series, NS, 12; Cairo edn. (1976), 88.

¹¹⁹ *Ibid.* Levy edn., 18.

¹²⁰ Omitted in Levy's translation; see Cairo edn., 161.

¹²¹ *Ibid.*, Levy edn., 18, 71.

¹²² *Ibid.*, Levy edn., 84.

¹²³ *Ibid.*, Levy edn., 80; Cairo edn., 301.

¹²⁴ *Ibid.*, Levy edn., 59, 61, see also p. 82; Cairo edn., 260, 263.

¹²⁵ *Ibid.*, Levy edn., 64; Cairo edn., 268.

¹²⁶ *Elz*, s.v. 'Fatwā' (E. Tyan).

¹²⁷ The use of *fatāwā* as sources of Ottoman social history is demonstrated by Johannes Benzing in his *Islamische Rechtsgutachten als volkskundliche Quelle* (Akademie der Wissenschaften und der Literatur, Abhandlungen der Geistes- und Sozialwissenschaftlichen Klasse, 3; Mainz, 1977).

¹²⁸ *Uddat arbāb al-fatwā* (Bulaq, 1304 AH), 450—a collection of *fatwās* made by ash-Shirwānī in 1207/1792 of his contemporary 'Abdallāh ibn As'ad.

Presumably they were written down with the participation or knowledge of the judge. The criterion used to judge him to be insane was *zāla 'aqluhu*, 'his reason was gone'. Another *fatwā* was addressed to 'Ilaysh al-Mālikī, who was the Mālikī muftī of Cairo until his death in 1299/1881. The question concerned a man who became insane, but beforehand he was under an obligation in favour of someone. Should this other person release him from the obligation or did he still have the right to demand it? The answer was that if the obligation was financial, it could be satisfied from the insane man's property, but if the obligation was corporal, like retribution or *ḥadd* punishment, it was postponed until the man's sanity was restored.¹²⁹ The *fatwā* is consistent with the law relating to the insane.

In the medieval period, feigning madness was a way of avoiding one's civic responsibilities, such as appointment to public office. Judgeship, particularly, was a responsibility that all pious Muslims sought to escape because of entanglements with the government and the vulnerability to bribes; consequently, the simulation of insanity was quite expedient. A. J. Wensinck emphasizes the strong Judaeo-Christian tradition of refusing public office that parallels Muslim practice.¹³⁰ For example, in an apocryphal episode popularized by the sixth-century life of Ephraim, Basil sent two deacons to convey to Ephraim Syrus the dignity of a bishopric, and he warned them that they should carry out this mission even if Ephraim assumed the attitude of a madman. 'When Ephraim has become acquainted with their approach, he puts on his cloak of many colours, goes in the streets eating his bread, and lets his spittle drop. "This he did because he was afraid of the priestly dignity."' The deacons did not recognize the holy man and returned to Basil without having accomplished their aim.¹³¹ These circumstances are reflected in oriental fiction, where the madness of Buhlul, the archetypal 'wise fool', is attributed by a late Persian author to Buhlul's desire to avoid being named as judge of Baghdad by the caliph Hārūn ar-Rashīd.¹³²

The chronicles are informative about individuals who are reported to have escaped legal punishment for their actions because they claimed successfully to be insane at the time of their offences. A good example is Ibn al-Haytham (d. c. AD 1040), perhaps the greatest Arab physicist of the Middle Ages. According to thirteenth-century accounts of his life, Ibn al-Haytham claimed that he could engineer a way of regulating the

¹²⁹ *Fatḥ al-'alī al-Mālik* (Cairo, 1958), ii. 161. I wish to thank Farhat Ziadeh for these two references.

¹³⁰ See A. J. Wensinck, 'The Refused Dignity', in *A Volume of Oriental Studies Presented to Edward G. Browne*, ed. T. W. Arnold and R. A. Nicholson (Cambridge, 1922), 491-9.

¹³¹ *Ibid.* 495-6.

¹³² See Marzolph, *Der Weise Narr Buhlul*, 19.

flow of the Nile waters. In response, al-Ḥākim, the Fātimid caliph of Egypt invited the mathematician from Iraq to Egypt. Ibn Haytham came, and out of respect for his ability, the caliph went out from Cairo to the village of al-Khandaq to meet him. Ibn al-Qifṭī, the thirteenth-century historian of doctors, says that Ibn Haytham then went on a mission to the southern border of Egypt, where he believed that the Nile entered the country from high ground. He gradually became discouraged when he saw the beautifully constructed ancient buildings and realized that, if his project were feasible, it would have been built centuries ago. His fears were confirmed when he found that al-Janādil, 'the cataracts', south of Aswan, was unsuitable for his project. He confessed his failure to al-Ḥākim, who appointed him to a government office. Initially, Ibn Haytham accepted this post out of fear, but he then realized the danger that he was in because of the capriciousness of the caliph. Therefore, Ibn Haytham feigned madness to escape the possible punishment of al-Ḥākim: 'There was no alternative except the display of madness and confusion (*al-junūn wa l-khabāl*), so he used that ploy and made it known to the public, which protected him from al-Ḥākim and his officials. The caliph designated who would serve him and look after his affairs, and he was confined to his house until the caliph died.'¹³³ Thereafter, Ibn Haytham revealed his sanity and, receiving back his sequestered property, spent the rest of his life writing and teaching in Cairo. Ibn Abī Uṣaybi'a (d. AD 1270) prefaces his biography of Ibn Haytham, which was taken from his fellow medical historian Ibn al-Qifṭī, with a description of Ibn Haytham's life that he heard from a contemporary Egyptian mathematician. According to this report, Ibn Haytham had held high government office in Baṣra, but in order to devote his life entirely to science he pretended to be insane until he was dismissed from his position. Then, he came to Egypt, where he spent the rest of his life at al-Azhar Mosque, making his living by copying the texts of Euclid and Ptolemy.¹³⁴

The issue of insanity also seems to have arisen often in connection with accusations of heresy, where it might serve as the defence of the accused before the law, especially for the divinely inspired but indiscreet individual. Much, however, seems to have depended on the specific circumstances, so that the 'insanity plea' was not invariably a *carte blanche* for irreligious behaviour. The failure of this plea to safeguard eccentric behaviour is well illustrated by the following example. In AH

¹³³ Ibn Abī Uṣaybi'a, '*Uyūn al-anbā' fī tabaqāt al-atibbā*', ed. A. Müller (Cairo, 1882), ii. 91.

¹³⁴ Ibid. 90; see *DSB*, s.v. 'Ibn al-Haytham' (A. I. Sabra).

701 the Mālikī chief judge of Cairo, Ibn Makhlūf, charged Faṭḥ ad-Dīn Aḥmad ibn Muḥammad al-Baqāqī with being a *kāfir* and demanded his execution. It was known that Faṭḥ ad-Dīn did not fast during Ramaḍān and made fun of those who did, and he used the Qur'ān as a footstool. He also used foul language, spoke disparagingly of the judges, and mocked religion. He had been gaoled before for the latter offence. The new charges against him were because he started to write insulting remarks about Ibn Makhlūf. Faṭḥ ad-Dīn testified, however, to the oneness of God and the prophethood of Muḥammad, but Ibn Makhlūf refused to accept his testimony. The Shāfi'ī chief judge did not agree with the execution of someone who pronounced the declaration of faith. Friends of the accused sought, therefore, to have the case transferred to the Shāfi'ī chief judge, and they claimed that Faṭḥ ad-Dīn was really insane. The Shāfi'ī chief judge said that he could not declare him insane, which would relieve the accused of all responsibility, because he knew that the accused was rational. The matter came before the sultan, who agreed to the decision of the Mālikī chief judge and Faṭḥ ad-Dīn's execution was ordered.¹³⁵

After these soundings into the consequences of insanity for a Muslim's civil, penal, and religious responsibilities, three general observations may be made. First, the jurists dealt with insanity in a brief, indirect, and often cursory manner; the legal notion of insanity is itself quite imprecise and ambiguous. The reason for this treatment of the subject may be that the primary source of Islamic law, the Qur'ān, only mentions insanity in a pejorative sense and not as a substantive issue. In turn, what the jurists say about insanity appears to be greatly limited by their scripturalist approach. Yet, placed in the context of Graeco-Roman, Jewish, and Christian canon law, the limited treatment of insanity in Islamic law is not exceptional. There is a comparable brevity about insanity, a comparable failure to define it, and a comparable disregard of medical knowledge or expertise. From our point of view, this last point is most striking. Although there appears to be some recognition of mental disturbances as illnesses, medicine is virtually ignored in the Muslim legal discussions, although, as we have seen, the doctors created an elaborate explanation of mental illnesses. Even the vocabulary of the two disciplines is quite separate. And doctors are never mentioned as specialists in the determination of insanity. One reason for this disregard must be that, in general, sickness or physical infirmities are not a cause of

¹³⁵ Joseph H. Escovitz, *The Office of 'Qāḍī al-Qudāt' in Cairo Under the Bahrī Mamlūks* (Islamkundliche Untersuchungen, 100; Berlin, 1984), 136-7, cf. p. 135.

legal incapacity in Islamic law.¹³⁶ Beside insanity, the only other exceptions to this rule are death-bed illness and leprosy.¹³⁷ As in Roman law, there was no interest in the causation of mental inability; what was important was the individual's legal capacity. This indifference to causes also extended to supermundane reasons for mental derangement; possession is never mentioned in the legal texts. Reason or the ability to understand is the essential condition for the existence of all judicial actions, and it is presumed to be lacking in the insane.

It might also be argued that the lack of interest of the Muslim jurists in insanity was because they considered insanity to be obvious and needed little elaboration. This would appear to be unlikely, for the Mālikis clearly saw the necessity for a judge to decide whether or not to interdict an adult on the grounds of insanity. This decision might bring up all kinds of problems, none of which is explained in the *fiqh* books. Qualified witnesses might be called to testify to the sanity of an individual, and such testimony was a normal procedure in Islamic courts. In any case, the considerable difficulty in assessing legal incompetence appears to be the primary reason for the lack of definition in most legal systems; it allows this judgement to be made on a flexible, *ad hoc* basis. Thus, this fuzzy approach to insanity is probably based on the reasonable premiss that there is no insanity in the sense of its being a unitary phenomenon; it was, and still is, a catch-all expression for various forms of unusual behaviour.

Other factors may have affected the determination of insanity. People are justifiably sceptical about such an inductive method that carried such serious consequences. 'A court can only infer the intent of the accused from his external conduct or from his own or others' testimony as to his state of mind.'¹³⁸ Like the diagnosis of mental illnesses in the medieval Islamic medical texts, there are no invariable signs and symptoms. Sociologically, the indeterminacy of the law regarding insanity may be an expression of a strong reluctance both to debar members of a community from their rights and obligations and to assume responsibility for them. As we find among the Talmudic scholars on this issue, there is considerable caution before making a decision about an individual's

¹³⁶ Linant de Bellefonds, *Traité*, 262.

¹³⁷ In classical Islamic law, however, leprosy was not invariably an impediment to legal capacity, as madness was, and this fact helps to explain the tolerance of the leper in medieval Islamic society. (See Dols, 'The Leper in Medieval Islamic Society', *Speculum*, 58 (1983), 891–916.) On the other hand, the law of the Ottoman Criminal Code that lepers should be expelled from the society explains their legal incapacity in the early modern period and their segregation in extramural leper houses in the Ottoman period. (Uriel Heyd, *Studies in Old Ottoman Criminal Law*, ed. V. L. Ménage (Oxford, 1973), 120, 303.)

¹³⁸ Coulson, *Succession*, 177.

mental competence and his possible exclusion from society; on the one hand, there is a strong desire to preserve the socio-legal life of the community and, on the other hand, to preserve the integrity of the individual.¹³⁹ The aim of the law to protect both society and the individual explains the paradoxical status of the insane, one of both privilege and deprivation.

Second, the responsibility for the insane in Islamic society lay with the family. In this matter, Graeco-Roman and Jewish law afford the necessary context for the otherwise indifferent attitude of the state to the disadvantaged. An unusual alternative, however, presented itself in many medieval Islamic cities. Hospitals appear to have been a novel refuge for insane Muslims. But were they? It is certainly true that there were no public charitable hospitals in antiquity, but late Roman law and canon law, which are almost indistinguishable, give the strong impression that the Byzantine State and Church had assumed responsibility for the welfare of the chronically insane and that they were housed primarily in monasteries. Clearly the Church supported the Roman institution of guardianship, participated in it, and probably benefited from it more than the state desired. The Islamic hospital, which grew out of the Christian institution, may be said to be a more straightforward response to the same needs of the disadvantaged poor. Thus, the diffuse Byzantine welfare services were largely concentrated in the recast medical institution that we know as the *māristān*.

There is nothing, to my knowledge, said about the *māristān* in the books of *fiqh*. Yet, the recent discovery of Ḥaram documents in Jerusalem, dating from the late Mamlūk period, suggests, along with casual remarks in stories of mad people, that the judge played a significant role as the overseer of communal welfare in connection with the hospital. Based on the evidence from a Ḥaram court hearing, which is dated 796/1394, the procedure of itemizing the property of a dying person seems to have been done on a regular basis for patients entering the local hospital.

There is explicit mention in the document that it was standard procedure for patients entering the Ṣalāhī hospital to draft a document itemizing their possessions. The terms used to refer to this document are similar to those used by the scribes to refer to an estate inventory: . . . 'the document surveying her possessions because of her entering the Ṣalāhī hospital as is customary'. One could argue that since there is a high probability that hospital patients will die,

¹³⁹ Granek, 'Le Concept de fou', 26.

the court may have thought it safer to have the possessions of patients recorded in writing before they entered the hospital.¹⁴⁰

Even more intriguing than this document is a cryptic note on the back of an estate inventory from the same group of manuscripts dated 794/1392. Following a list of those who had died, possibly at the hospital, is the statement: 'Those who are allowed to enter the hospital' with two names and the fact that they were admitted.¹⁴¹ It is unclear whether this control was exercised by the judge or by the director of the hospital. Yet, it would appear from these documents that the judge had some supervision over admission of patients to the hospital.¹⁴²

Such a supervisory role of the Muslim judge would not be inconsistent with his jurisdiction over all unprotected individuals although these responsibilities were not clearly delineated.¹⁴³ His responsibility with regard to guardianships, however, is relatively well defined. In fact, guardianship is the most conspicuous feature of Islamic law regarding the insane and is strikingly similar to curatorship in late Roman law, which was apparently influenced by Jewish and Christian law. Perhaps the resemblance between the Roman *curator* and the Muslim *wālī* is more than a similarity. In the light of Patricia Crone's recent study on *walā'*, or personal clientage, it appears likely that Muslim guardianship may also have developed along lines already laid down by Roman or provincial law of the conquered territories.¹⁴⁴ Some distinctive features of Islamic clientage are, according to Crone, not Arabian. Guardianship in the Islamic law-books shares some of these same characteristics with clientage: the one-to-one relationship of Islamic guardianship and the possibility of assigning it by will.¹⁴⁵ The strong intent of Islamic law that the guardian was responsible for the careful preservation of the ward's property is a major aspect of Roman law. The provincial context for the development of Islamic guardianship is well illustrated by a fifth-century

¹⁴⁰ Huda Lutfi, *Al-Quds al-Mamlūkiyya: A History of Mamlūk Jerusalem Based on the Haram Documents* (Islamkundliche Untersuchungen, 113; Berlin, 1985), 21–2; see also D. P. Little, *A Catalogue of the Islamic Documents* . . . (Beirut Texts and Studies, 29; Beirut, 1984), 266. I am grateful to Donald Richards for showing his transcription of this document to me.

¹⁴¹ Little, *A Catalogue*, 230.

¹⁴² In one instance, a well-known Baghdādī jurist Muḥammad ibn 'Abdalbāqī (d. 535/1141) was known as *qāḍī l-māristān*. This nickname may have resulted from his supervision of a local hospital—or simply from the district in which he lived, *Sūq al-Māristān*. See Heinrich Schützinger, 'Der Qāḍī 'l-Māristān', *Die Welt des Islams*, 18 (1978), 108.

¹⁴³ Émile Tyan, *Histoire de l'organisation judiciaire en pays d'Islam* (Annales de l'Université de Lyon, 3rd ser., 2; Lyon, 1943), 29–31.

¹⁴⁴ Patricia Crone, *Roman, Provincial and Islamic Law: The Origins of the Islamic Patronate* (Cambridge, 1987), 112 n. 25.

¹⁴⁵ *Ibid.* 42, 93.

Syriac law-book; it deals with the principle of curatorship, and its detailed functioning is quite similar to the later Muslim institution.¹⁴⁶

Third, Jewish and canon law shared with the Shari'a a material concern for the protection of their ritual and society generally from the insane. Canon law went far beyond Roman law in defining insanity—it became a theological issue out of concern for the salvation of the insane. In this regard, Islamic law resembles more closely the position of Roman law on insanity: madness is simply an absence of understanding or reason. The Muslim jurists did not probe into questions of causation; it was irrelevant whether insanity was caused by the imbalance of the humours, malevolent demons, or God. Yet, the unreason of the madman goes to the very heart of Muslim life, for *nīya*, intention or purpose, is a fundamental aspect of all legal actions and most ritual observations. *Nīya* was believed to have its seat in the heart, the central organ of intellect and cognition—another indication of how far professional medicine was from religio-legal thought. Al-Bukhārī opens his famous collection of *ḥadīths* with the tradition: 'Works are in their intention only.' And inscribed over one of the main entrances to al-Azhar Mosque is the statement: 'Deeds are judged according to intentions; each man's accounts are drawn up according to his intentions.' It is followed by the *ḥadīth*: 'God says: "Come, meet me with your intentions, not with your deeds."' ¹⁴⁷ The insane could simply not conceive of a valid intention because they lacked the necessary reason. Or as a *fatwā* simply said of the insane man: *zāla 'aqluhu*.

¹⁴⁶ Bruns and Sachau, eds., *Syrisch-Römisches Rechtsbuch*, paragraphs 5–8, 32, 34, 90. A distinction is made (para. 5) between a tutor (*epitropos*) and a guardian (*curator*). Moreover, there is voluntary and compulsory exemption from these two responsibilities: doctors and learned men 'who are in the cities and the countryside . . . are not compelled to be tutors or curators for orphans because the doctors heal the body and the learned the soul (para. 116); and soldiers and government officials are not permitted to be tutors or curators (para. 11).' Otherwise, the law says (para. 32) that a man with less than five children should be a guardian for orphans.

¹⁴⁷ Ignaz Goldziher, *Introduction to Islamic Theology and Law*, trans. Andras and Ruth Hamori (Princeton, NJ, 1981), 42. See also *SEI*, s.v. 'Nīya'; Schacht, *Introduction*, 116–18.

THE STATE AND THE INSANE

From the point of view of social welfare, the most striking fact about medieval Islamic societies was the lack of public institutions and services for the poor and disabled.¹ It should be recalled that the Muslim Arabs had conquered the heartland of late Hellenistic culture, in which the classical reality of civic autonomy and institutions had already largely disappeared.² One indication of this transformation was the rise of the Christian holy man and his important role in late antique society.³ Evelyn Patlagean in her work on early Byzantine poverty succinctly describes the social realignment in the following way:

one of the principal changes from a classical to a post-classical society was the replacement of a particularized political model of society, in which the unit was the city, its composition defined in terms of citizens and noncitizens, by a more all-embracing economic model, in which all society was seen, in town and country alike, as divided between the rich and the poor, the rich having a duty to support the poor, which was expressed in strictly religious terms as almsgiving.⁴

The poor were a common feature of the late antique city and the obligation to alleviate their plight was a conspicuous theme of early Christian writers. This 'unchanging backdrop to the life of the city' was poignantly described by John Chrysostom in fourth-century Antioch: 'wandering about like dogs in the alleys, [the poor] haunt the corners of

¹ There is no comprehensive study of Islamic charity and social welfare comparable to either S. D. Goitein, *A Mediterranean Society: The Jewish Community of the Arab World as Portrayed in the Documents of the Cairo Geniza*, ii (Berkeley, Calif., 1971), or D. J. Constantelos, *Byzantine Philanthropy and Social Welfare* (New Brunswick, NJ, 1968).

² See S. M. Stern, 'The Constitution of the Islamic City', in *The Islamic City*, ed. A. H. Hourani and S. M. Stern (Oxford, 1970), 26-30.

³ Peter Brown, 'The Rise and Function of the Holy Man in Late Antiquity', in his *Society and the Holy in Late Antiquity* (Berkeley, Calif., 1982), 103-52.

⁴ Quoted in Brown, *The Cult of the Saints*, 45. This change may, perhaps, be seen in the development of the *diaconiae*, the major source of civic charity, that began in 4th-cent. Egypt; see Frances J. Niederer, 'Early Medieval Charity', *Church History*, 21 (1952), 285-95, which is primarily concerned with the *diaconiae* in Rome to the 9th cent., and Henri Marrou, 'L'Origine orientale des diaconies romaines', *Mélanges d'archéologie et d'histoire*, 47 (Rome, 1940), 95-142. Despite these studies, the role of the *diaconiae* in the Middle East in the early medieval period deserves further attention.

the streets, they enter into the courtyards of the great houses, they cry from their cellars, calling for charity'.⁵

This economic model of society was inherited and largely perpetuated by the Muslims in their conquered territories in the Middle East. Despite the prolonged attempts of Muslims to create a truly Muslim polity, they failed. The 'Abbāsid empire fragmented, and from the ninth century AD the medieval epigones were alien military élites who simply protected the private 'community of moral obligation'.⁶ Still, on the ground, there were continuities with late antiquity, but the tracing of these sinews of social organization is not always easy.⁷ In the eastern Mediterranean, modified continuities may be seen in the bureaucracy and urban officialdom (such as the market-inspector),⁸ in markets, and crafts. From a medical point of view, the baths⁹ and waterworks were amenities of particular value to the health and hygiene of the general urban populations.

Despite the adaptation of such elements, the Islamic polity was far indeed from the classical ideal of the *polis* in at least three fundamental ways. It lacked the basic juridical/political concepts of the state, municipality, and publicness. The term *dawla* in the medieval period did not have the modern meaning of a 'state' but rather a 'dynasty' or the Islamic world in general.¹⁰ Secondly, the city had no legal status, nor did the concept of a corporation exist in the medieval period that could define an urban collectivity or association within it.¹¹ Politically, there was no 'social contract' between the ruler and the ruled, but there was a

⁵ Quoted in Peter Brown, *The Body and Society: Men, Women, and Sexual Renunciation in Early Christianity* (New York, 1988), 310.

⁶ R. P. Mottahedeh, *Loyalty and Leadership in an Early Islamic Society* (Princeton, NJ, 1980), 188.

⁷ For Syria, see the survey of Hugh Kennedy, 'From *Polis* to *Madina*: Urban Change in Late Antique and Early Islamic Syria', *Past and Present*, 106 (1985), 3-27; he argues persuasively for a lengthy process of evolution due to demographic decline and changes in society. A thorough study of the transformation of the former Byzantine provinces of the Middle East will be possible with the completion of Irfan Shahid's series on Byzantium and the Arabs; he has already published *Rome and the Arabs* (Washington, DC, 1984) and *Byzantium and the Arabs in the Fourth Century* (Washington, DC, 1984), and the subsequent volumes will deal with the 5th and 6th cent. The comparable question of continuity and change in the former Sassanian territories has been dealt with by Michael G. Morony in his *Iraq After the Muslim Conquest* (Princeton, NJ, 1984).

⁸ See Benjamin R. Foster, 'Agoranomos and Muhtasib', *Journal of the Economic and Social History of the Orient*, 13 (1970), 128-44.

⁹ Kennedy, 'From *Polis* to *Madina*', pp. 8-11, 19-20.

¹⁰ Mottahedeh, *Loyalty and Leadership*, ch. 4; Bernard Lewis, *Islam in History* (London-New York, 1973), 253-4; *EL*2, s.v. 'Dawla' (F. Rosenthal).

¹¹ A. H. Hourani, 'Introduction', *The Islamic City*, 14 f.; Stern, 'The Constitution of the Islamic City', *ibid.* 25-50; Dols, 'The Leper', n. 132.

contract between the ruler and God. From this latter perspective public works were frequently represented as fulfilment of the ruler's vows and 'served to confirm that the basic contractual relationship of the ruler and God was in force and was working, as God wished, to benefit the subjects of such a ruler'.¹² Regarding the ruler's benefactions to his subjects, 'no abstract gratitude to the state is imaginable. Some forms of *ni'mah* [benefit], like public works, resembled the [personal] vow in that they were transactions between a single man and an abstractly defined category of men; but those men were presumed to be grateful individually, and "to invoke God's blessing" on the donor rather than to be grateful in any corporate fashion'.¹³

Thirdly, the central notion of *res publica*, as opposed to *res privata*, appears to have died a quiet death in late antiquity.¹⁴ In Islamic law,

public powers are, as a rule, reduced to private rights or duties. . . . This is all the more significant as the Arabic language possessed an abstract term for 'authority, dominion, ruling power' in the word *sultān*, a word which came to be used as a title only from the fourth/tenth century onwards; but Islamic law did not develop the corresponding legal concept. For the same reason, the essential institutions of the Islamic state are construed not as functions of the community of believers as such, but as duties the fulfillment of which by a sufficient number of individuals excuses the other individuals from fulfilling them; in fact, the whole concept of an institution is missing.¹⁵

Moreover, the Arabic language—in the Qur'ān and in medieval usage—does not appear to have possessed a term for 'publicness', in the sense of property being held in common trust and accessible to all the people. The adjectival form '*amm* or '*umūmī*, as in the modern expression *al-maṣlaḥa al-ʿamma* ('the public welfare'), would have meant 'general, universal, or common'.¹⁶ Other modern adjectives for 'public' also did not convey the sense of publicness in the medieval period.¹⁷ The absence of publicness explains a great deal about the nature

¹² Mottahedeh, *Loyalty and Leadership*, 68.

¹³ Ibid. 77–8.

¹⁴ See the discussions of the topic in S. I. Benn and G. F. Gaus, eds., *Public and Private in Social Life* (London–New York, 1983); Barrington Moore, *Privacy: Studies in Social and Cultural History* (Armonk, New York, 1984). Kennedy ('From *Polis* to *Madina*', 21 f.) rightly emphasizes the resources and will to implement this distinction in the Roman city; he also stresses the role of private property in Islamic law, which complements my concentration on the relative absence of public property in Islamic law and society.

¹⁵ Schacht, *An Introduction to Islamic Law*, 206.

¹⁶ See Lane, p. 2150. See *El2*, s.v. 'Maṣlaḥa' (M. Khadduri) in the weakness of 'public welfare' as a legal principle.

¹⁷ e.g. *madanī* ('urban' or 'civic'), *watanī* ('domestic' or 'native'), *hukūmī* ('governmental'), *sha'bī* ('popular'), *ijtimā'ī* ('communal' or 'social'), *mushā'* ('widespread' or 'common'), *alanī* ('open' or 'evident').

of medieval Islamic society, from its physical characteristics to its social functioning. On the other hand, the notion of physical privacy was greatly respected and deeply ingrained.¹⁸ In other words, what was not private was a no man's land.

From a different point of view, Peter Brown has described well this shift from the mores of the classical to the medieval city in the Middle East in his discussion of John Chrysostom's ideal of the Christian household. 'In the airless world of the towns of the early middle ages, both in Byzantium and in the Islamic Near East, the sense of privileged domestic space, with the moral values associated with this—a heightened sense of sexual shame, an attitude to marriage determined by sexual needs and by male sexual jealousy, and a further sharpening of the dominance of men over women—finally won out, as John [Chrysostom] had wished that it should, at the expense of the freer, more public codes associated with the classical city.'¹⁹

In the absence of government responsibility for public welfare, direct personal charity was crucial, especially for the chronically sick like the insane. Norman Stillman has emphasized the practical, everyday acts of charity by individual Muslims. Those who possessed more than the bare necessities of life distributed food to the less fortunate, particularly at the end of Ramaḍān (*zakāt al-fitr*)²⁰ and other festivals. 'Furthermore, every family of means had its regular clientele of needy persons who appeared on specific dates to receive charitable gifts which were considered their due (*haqq*).'²¹ In response to the views of Western critics of Islamic benevolence, Stillman has summarized the issue of personal charity in the following manner:

There has been in Islam since its inception an imperative towards human kindness. All believers are equal in God's sight, save for their deeds. Of course, there was never any question of social equity. Natural inequality was mitigated by the religious injunction not to rebuff the beggar (Sura 93: 10) and by the Muslim secular ideal of *politesse* (*adab*) which makes a certain human courtesy *de rigueur* even to the lowliest beggar. If one has no alms to give there is always a pious wish—for one may never simply refuse—such as 'May God make it easy for you' (*Allāh yusabbih laka*), 'May God give you' (*Allāh ya'tik*), or 'May God open the gates of prosperity for you' (*Allāh yiftah 'alayk*).²²

¹⁸ On the issue of privacy in a traditional Middle Eastern city, see the important article by Abraham Marcus, 'Privacy in Eighteenth-Century Aleppo: The Limits of Cultural Ideals', *IJMES*, 18 (1986), 165–83.

¹⁹ Brown, *The Body and Society*, 321.

²⁰ *EI*, s.v. 'Zakāt'.

²¹ Norman A. Stillman, 'Charity and Social Service in Medieval Islam', *Societas*, 5 (1975), 114.

²² *Ibid.*

This moral imperative for a Muslim to be charitable is naturally based on Qur'ānic teaching. The Qur'ān frequently exhorts Muslims to show charity to widows and orphans, travellers and the needy; indeed, almsgiving (*zakāt*) became one of the 'five pillars' of Islam.²³ It is reasonable to assume that Muḥammad, having been an orphan, was especially sensitive to the plight of the socially disadvantaged, but it is mistaken to interpret the Prophet—any more than Jesus—as primarily a social reformer concerned with the redistribution of wealth. The Prophet's 'preaching against the evils of oppressing widows and orphans was part of the basic Judaeo-Christian concept of morality which he had come to accept'.²⁴ The redistribution of wealth was never the goal of charity and serious economic disparity remained a constant feature of medieval Islamic societies.

Muḥammad's primary concern was for individual salvation; paradise is specifically promised to those who are charitable.²⁵ The focus is clearly on the spiritual benefit to the giver rather than on the material benefit to the recipient; the poor did the almsgiver a necessary service. Charity was a means for a Muslim to atone for sin and to express his or her gratitude for God's bounty. Such notions were not inconsistent with pre-Islamic Arabian obligations of hospitality and generosity. Moreover, the alms that a Muslim owed to God are 'the token of active solidarity with his fellow believers, with the community of God'.²⁶ Conversely, a pre-occupation with worldly riches was considered a hindrance to true piety.²⁷

The obligation of charity was probably established in the Meccan period and was often connected with the duty of prayer. Islamic law later distinguished between two types of charity: *sadaqa* (or *sadaqat at-tatawwu'*, 'alms of spontaneity'), which meant private free-will alms, and *zakāt*, which meant the legally fixed and obligatory alms taxes

²³ For a discussion of charity in the Qur'ān, see Fazlur Rahman, *Major Themes of the Qur'ān*, 38–42; Robert Roberts, *The Social Law of the Qur'ān* (London, 1925), 70–8. A convenient statement of the medieval Sunnī interpretation of charity is the translation of al-Ghazālī's section on *zakāt* from his *Iḥyā' 'ulūm ad-dīn*: N. A. Faris, trans., *The Mysteries of Almsgiving* (Beirut, 1966).

²⁴ Stillman, 'Charity', 106. On Jewish and Christian charity, see Ephraim Frisch, *An Historical Survey of Jewish Philanthropy* (New York, 1969) and Ramsay MacMullen, *Christianizing the Roman Empire*, 54 f.

²⁵ Stillman, 'Charity', 106.

²⁶ Ulrich Haarmann, 'Islamic Duties in History', *Muslim World*, 68 (1978), 8; see also W. M. Watt, *Islamic Political Thought* (Edinburgh, 1968), 60.

²⁷ The antithesis of charity was usury (*ribā*); see sūra 30: 29. (Cf. Arberry, *The Koran Interpreted*, ii. 109.) On *ribā*, see Maxine Rodinson, *Islam and Capitalism*, trans. Brian Pearce (London, 1974), 14 f., 18 f.; M. S. Noorzoy, 'Islamic Laws on Riba (Interest) and Their Economic Implications', *IJMES*, 14 (1982), 3–17.

collected by the government treasury.²⁸ This distinction is said to have arisen from the decision of Abū Bakr (11/632–13/634), Muḥammad's successor, who recognized the necessity of continued revenue and institutionalized the *zakāt* as a regular tax on all Muslims. It was based on fixed percentages of the value of certain kinds of moveable property, which were stipulated in the pious traditions.²⁹ Abū Bakr's decision, however, posed serious difficulties for later generations of Muslims. The difficulties are succinctly summarized by Ulrich Haarmann:

[Abū Bakr] fixed the practical aspects of the *zakāt*-duty in the environment and under the formative impact of the seventh-century bedouin society of Central Arabia. Yet the urbanization of the Muslim state under the Umayyads and the 'Abbāsids and the ensuing social and economic change hardly influenced the archaic norms of the *zakāt*. The *zakāt* persisted in its pristine form and, from century to century, became increasingly an anachronism.³⁰

The *zakāt* with its insufficient tax yield became obsolete, and successive governments resorted to more profitable but uncanonical taxes (*mukūs*), such as tolls, rents, and customs duties.³¹ Conversely, the reinstitution of the *zakāt* and the abolition of illegal taxes by a new political regime became, from approximately the eleventh century AD, a symbol of a return to true Islam—to the ideal unity of polity and religious community.³² In any case, the failure of the *zakāt* did not impair the continued validity of voluntary, private almsgiving. The *ḥadīth* literature preserved the original motivation of almsgiving as a benefit to the donor's soul: 'The upper hand is better than the lower

²⁸ H. E. Kassis, *A Concordance of the Qur'ān* (Berkeley, Calif., 1983), s.v. 'sadaqah', 'zakāt', 'mā'ūn', and 'khayr'. *Sadaqa* is frequently synonymous with *zakāt* in the Qur'ān; yet, it appears that *sadaqa* (voluntary almsgiving) became a formal tax during the Medinese period, usually under the name of *zakāt*, while *zakāt* had in the earlier period suggested the idea of moral excellence or purity of heart rather than almsgiving specifically. See *EI*1, s.v. 'Sadaka' (T. H. Weir); Clifford Edmund Bosworth, *The Mediaeval Islamic Underworld*, pt. 1 (Leiden, 1976), 2. Furthermore, see Franz Rosenthal's important discussion of these two terms in 'Sedaka, Charity', *Hebrew Union College Annual*, 23 (1950–1), 411–30.

²⁹ See *EI*1, s.v. 'Zakāt' (J. Schacht); *Dictionary of the Middle Ages*, s.v. 'Alms Tax, Islamic' (D. S. Powers); Haarmann, 'Islamic Duties', 10–11. For an example of the *ḥadīth* literature, see the chapter on *zakāt* in Muslim, *Al-Jāmi' aṣ-ṣaḥīḥ*, trans. A. H. Siddiqi, ii. (Lahore, 1976), 465–521.

³⁰ Haarmann, 'Islamic Duties', 9.

³¹ *EI*2, s.v. 'Bayt al-māl' (Cl. Cahen).

³² Haarmann, 'Islamic Duties', 12. See, for example, Yvonne Y. Haddad, 'Sayyid Qutb: Ideologue of Islamic Revival', in *Voices of Resurgent Islam*, ed. John L. Esposito (Oxford, 1983), 92. Such reformism implicitly acknowledges the failures of successive Muslim governments to attain the ideal Islamic society. Historically, the advent of Islam as a religion cum state in the 7th cent. AD, like Christianity in the 4th cent., did not create fundamental social reforms or major realignments in social welfare; see Rodinson, *Islam and Capitalism*, 72, 181 f., 186, and W. H. C. Frend, *The Rise of Christianity* (Philadelphia, 1984), 569 f.

hand.³³ The basic intent of charity was not primarily the eradication of the causes of distress, as in the modern notion of philanthropy, but the alleviation of its effects.³⁴

Within this general context, the insane were of importance to the state primarily as a potential threat to internal peace and harmony. For this reason, al-Maqrīzī appears to have included in his history of Egypt the following account, which is unusually long and detailed, of two madmen who appeared in Cairo in 753/1352:

At this time [10 Jumādā II] news arrived from Ṣafad that, on Friday at the end of Jumādā I, there appeared in the village of Ḥaṭṭīn (in the province of Ṣafad) an individual who claimed that he was Sultan Abū Bakr al-Manṣūr ibn as-Sultān al-Malik an-Nāṣir Muḥammad ibn Qalā'ūn [who had reigned in 741/1340].³⁵ With him was a group estimated at ten peasants. The news reached the *nā'ib* [governor] of Ṣafad, and he sent his secretary and chamberlain [to investigate]. They fetched the man, and the *nā'ib* gathered together the people and the judges. The man claimed that he had been in Qūṣ and that the governor of Qūṣ had not killed him but had set him free. He had, then, travelled by sea and arrived at Qaṭyā. Since then, he had been in Gaza, and he had there a nurse who had the curved dagger³⁶ and insignia of office. The *nā'ib* said: 'In those days I was the royal taster [*jāshnakir*]. I used to make the meals in the morning and evening, and I do not recognize you.' The man insisted on his story, and the opinion of some of the people was on his side, for they did not doubt him. The case was clarified by investigation in Gaza, where the woman was found whom he said was his nurse. She confessed that she was his mother and that he had been

³³ Cited in Bosworth, *Medieval Islamic Underworld*, i. 2.

³⁴ For public welfare in the modern Middle East, see the survey by Monroe Berger in *EI2*, s.v. '*Khayr*'. There were two exceptional instances of social welfare undertaken by the state in the medieval period. An aggressive state was created in al-Bahrayn by the Qarmatians, an Ismā'īlī sect, in the 10th cent. AD, whose propaganda promised 'the replacement of the injustices and oppression of established Muslim society with a rule of justice and equity'. Although early experiments with communal ownership of property proved ephemeral, the order and justice of the Qarmatian 'welfare state' evoked the admiration of non-Qarmatī observers. (See *EI1*, s.v. '*Karmatī*' (W. Madelung); Rodinson, *Islam and Capitalism*, 26.) In the second case, the caliph an-Nāṣir (AD 1180–1225) made a notable attempt to revive the caliphate in Baghdad by creating a theocratic welfare state. According to Eliyahu Ashtor (*A Social and Economic History of the Near East in the Middle Ages*, 232 f.), an-Nāṣir's activity was 'an innovation' because the caliph went beyond the usual meritorious acts of charity by earlier caliphs. His intention was not simply philanthropy but the state's direct care of the poor. An-Nāṣir stipulated that there should be daily distributions of bread and meat as well as alms for the indigent. In the month of Rajab additional payments were given to the poor, and soup-kitchens were opened for them during the holy month of Ramaḍān. Food, clothing, and alms were offered to pilgrims going to and from Mecca on the pilgrimage. Moreover, Stillman ('Charity', 107) has pointed out that the early Arab empire 'was in certain respects a welfare state for the Arab ruling class who received pensions (*ata'*) from the treasury (*bayt al-māl*) which was held to be a trust for the Muslim community, administered by the *imām*'.

³⁵ Al-Manṣūr Sayf ad-Dīn Abū Bakr, the eldest son of an-Nāṣir, who was exiled to Qūṣ after a successful *coup d'état*, was executed there by the governor in that year.

³⁶ *An-nimjāh*. See Dozy, ii. 732.

attacked by madness [*junūn*] for years, usually two or three times a year. The people of Gaza said that he was known as Abū Bakr ibn ar-Rammāḥ and that he had a bad reputation; consequently, he had been beaten frequently with whips. Therefore, the order was given that he be carried out [of the town], and the *nā'ib* of Ṣafad put the man's hands and feet into stocks. Subsequently, irons were put on his neck, and he was sent to the sultan in [Cairo]. He arrived at the Citadel on Tuesday the 18th and was questioned in the presence of the amirs. He was confused in his speech and talked irrationally. Then he was brought before the sultan. The man spoke as he wished and spent the night in pleasant conversation [with the sultan] on Thursday the 20th. He became famous in Cairo and Fuṣṭāṭ. In these circumstances, he spoke as if he were a sultan. He would exclaim: 'Pity your [present] sultan; soon I am returning to you.' Many people gathered around him, offering him drinks and sweets, and they talked with him. If someone came to him with some water for him to drink, he [the madman] would demand that he [who had offered it] taste it first.³⁷ When he saw an amir, he would exclaim: 'This is my mamlūk³⁸ and the mamlūk of my father.' And he would also say: 'My fate is [like that of] my brother an-Nāṣir Aḥmad [who reigned in 743/1342] and my brother al-Kāmil Sha'bān [who reigned from 746/1345 to 747/1346] and my brother al-Muṣaffar Ḥājji [who reigned from 747/1346 to 748/1347]—all of them have been murdered.' He stayed in the stocks for two days and was imprisoned on the third. He remained as he was in the prison, and his tongue was cut out.

At this time also someone in Cairo claimed to be a prophet and said that, if he married, the woman would give birth to a son who would proclaim the truth of his prophethood. It was said to him: 'What an evil prophet you are!' And he replied: 'Because you are an evil people!' He was jailed. His case was examined, and it was found that he had left the fools [*mamrūrīn*] at the hospital [*māristān*] twelve days before. He had been caught repeatedly [after escaping from the hospital]. He is a madman [*majnūn*], so he was put back among the fools.³⁹

The first madman claimed to be a prince and the second, a prophet. They were both considered dangerous and were put into prison. The self-proclaimed sultan may well represent the delusions of many madmen that have gone unrecorded. Abū Bakr ibn ar-Rammāḥ succeeded, however, in attracting the attention of the state officials because he gained a popular following and posed a potential threat to the unstable government. The case was seriously investigated by provincial

³⁷ The intent is that he would not drink the water until the *sāqī* drank from it, according to the custom of the sultans.

³⁸ Mamlūks were freedmen whose primary purpose was to form reliable and skilled cavalry regiments; from the 9th cent. AD, however, the Mamlūk corps usurped civil control of most Islamic states and formed a distinct ruling caste in these states. See Daniel Pipes, *Slave Soldiers and Islam: The Genesis of a Military State* (New Haven, Conn., 1981), and Patricia Crone, *Slaves on Horses: The Evolution of the Islamic Polity* (Cambridge, 1980).

³⁹ Al-Maqrizī, *as-Sulūk*, pt. 2, vol. iii (Cairo, 1958), 865–7.

officers, and it was found that he had a long history of insanity. The local governor, then, put him into irons and sent him to Cairo, where he was interviewed by the sultan and the amirs, and his imitation of the former sultan became famous among the people of the metropolis. He may have been amusing and entertaining to the military élite, but his claim to the sultanate was apparently taken seriously because of his popular appeal, and he was put into prison, where he persisted in his delusion. It is ambiguous from the text of al-Maqrīzī whether he was silenced literally or figuratively.

The self-proclaimed prophet attracted popular attention in Cairo and probably caused a disturbance, so that he was also gaoled. He was examined, presumably by a judge, and it was learned that he was a madman who had frequently left the *māristān*, probably the famous al-Manṣūrī Hospital. Despite the appreciable tolerance of religious eccentrics, the story of the prophet suggests that holy men could be adjudged as frankly mad. The accounts of the two madmen also indicate the care that the state took in investigating such cases before taking any action. Moreover, these two events shed light on an important aspect of the history of the insane that is poorly documented. Lunatics who were believed to be dangerous to the state, particularly by their incitement of the people, and presumably those who were criminally insane were often put into gaol; unfortunately, we know practically nothing about the functioning of prisons in medieval Islamic cities.⁴⁰

Generally unrecorded was the communal mischief that a lunatic might cause. For example, Evliyā Chelebi was apparently fond of describing the street people of seventeenth-century Istanbul and he tells the following anecdote:

Strange to say, one day this madman [*divane*] came across 300 Jews with the corpse of a Jew named Nesim. The old half-wit immediately joined the Jews. He put the conical hat of a *helvacı* [a maker or seller of *helva*], which he was wearing, on the head of Jew and put the Jew's hat on his own head [*lacuna*] while passing right in front of the corpse he began to behave like a *muezzin* [i.e. as if it were a Muslim funeral]. The Jews complained, saying 'Hey you chelebi.' [*lacuna*] He spat, blew his nose and struck with his fist at those who said that they were not Muslims, and he was determined to pass under the Jew's casket. The Jews became frightened and abandoned the casket on the main road. According to the absurd beliefs of the Jews, if a Muslim were to pass beneath the body of a dead Jew and if he were to jump over the Jew, that dead person

⁴⁰ On the prisons of Mamlūk Egypt, see Muḥammad Ziyādah, 'as-Sujūn fī Miṣr fī l-'uṣūr al-wuṣṭā', *ath-Thaqāfa*, vols. 260, 262, 279 (Cairo, 1943-4), pp. 2123-5, 20-2 and 424-6, respectively, which is, nevertheless, uninformative about our subject.

[*lacuna*] would go to hell. Consequently, the corpse of the Jew remained in the street. Later, some Muslims pacified the half-wit with a few *kurush*. Afterwards . . . the madman pissed [?] . . . on the corpse of the Jew and ran away with the hat on his head. This is the kind of fool he was.⁴¹

The sane could also be accused of madness when they posed a threat to 'law and order', or simply to convention. As in modern Western speech, the oriental languages were rich in descriptive terms for this rational or sane 'madness'. It was quite natural for some men to call the unconventional, unacceptable, or offensive behaviour of other sane men 'mad', particularly for religious deviancy. A good example of the imputation of mental derangement against such an individual is Ibn Taymiyya, whom we encountered earlier with regard to his criticism of the veneration of the saints. Ibn Baṭṭūṭa (d. c.779/1377), the famous world-traveller, considered Ibn Taymiyya to be mentally unbalanced.⁴² Ibn Baṭṭūṭa's remark about Ibn Taymiyya's personality appears in the course of his description of Damascus, which he visited in 726/1326. After describing the monuments, the important teachers, and the judges of the city, Ibn Baṭṭūṭa gives the following anecdote about Ibn Taymiyya:

Among the chief Ḥanbalī *fuqahā'* in Damascus was Taqī al-Dīn ibn Taymiyya who, although he enjoyed great prestige and could discourse on the scholarly disciplines, had a screw loose.⁴³ The people of Damascus held him in extreme respect. He used to preach to them from the minbar and once had discoursed in a manner which the *fuqahā'* found reprehensible, so that they reported him to [the Mamlūk sultan] al-Malik al-Nāṣir, who ordered him sent to Cairo. There the *qādis* and *fuqahā'* were convoked in the sultan's council chamber, where they were addressed by Sharaf al-Dīn al-Zuwāwī, who said, 'This man said such-and-such', spelling out the reprehensible statements of Ibn Taymiyya and producing depositions to that effect which were placed before the chief *qādi*. When the latter asked for Ibn Taymiyya's reply, he said, 'There is no god but God', responding in like manner when the *qādi* repeated the question. Al-Malik al-Nāṣir ordered him put into prison, where he remained for some years and wrote a book of Qur'ān commentary which he entitled *al-Baḥr al-Muḥīṭ* in almost forty volumes. Later, his mother complained before al-Malik al-Nāṣir, and he

⁴¹ *Seyāhatnâme*, Istanbul University Library, Turkish MS 2371, vol. i, fol. 150a = Meshûre Eren, *Evliyâ Çelebi Seyāhatnâmesi Birinci Cildinin Kaynakları üzerinde bir Araştırma* (Istanbul, 1960). I am grateful to Gary Leiser for this reference.

⁴² Donald P. Little, 'Did Ibn Taymiyya Have a Screw Loose?', *Studia Islamica*, 41 (1975), 93-111 = *History and Historiography of the Mamlûks* (Variorum Reprints, London, 1986), no. 8; cf. *Ibn Taymiyya's Struggle Against Popular Religion*, pp. vii-viii. I have also found the following article by Donald Little very helpful: 'The Historical and Historiographical Significance of the Detention of Ibn Taymiyya', *IJMES*, 4 (1973), 311-27 = *History and Historiography of the Mamlûks* (Variorum Reprints, London, 1986), no. 7.

⁴³ The Arabic is *illā anna fi 'aqlihi shay'an*.

ordered his release. But then the same thing happened again while I was in Damascus. I was in attendance on a Friday when he was preaching to the people and exhorting them from the minbar of the cathedral mosque. In the course of his speech he said, 'God comes down to the sky of this world just as I come down now', and he descended one step of the minbar. A Mālikī *faqīh* known as Ibn al-Zahrā' remonstrated with him and denounced what he had said, whereupon the congregation rose against this *faqīh*, striking him with their hands and shoes until his turban fell off, exposing a silk skullcap on his head. They rebuked him for wearing this and bore him to the house of 'Izz al-Dīn ibn Musallam, the *qāḍī* of the Ḥanbalis, who ordered him to be imprisoned and then flogged. But the Mālikī and the Shāfi'ī *fuqahā'* denounced this punishment and carried the matter to Malik al-Umarā' Sayf al-Dīn Tankiz, one of the good and virtuous *amīrs*, who wrote to al-Malik al-Nāṣir about the matter and sent a legal deposition against Ibn Taymiyya on such reprehensible matters as the following: 'He who pronounces triple divorce with one phrase is bound only by one divorce'; 'The traveler who sets out to visit the Hallowed Tomb (may God increase its perfume) may not reduce his prayers'; and the like. He sent the deposition to al-Malik al-Nāṣir, who ordered Ibn Taymiyya to be imprisoned in the citadel. There he remained until he died.⁴⁴

In a careful study of this passage, Donald Little has pointed out the difficulties with Ibn Baṭṭūṭa's story, but it still appears that Ibn Baṭṭūṭa had gained specific information about Ibn Taymīya when he was in Damascus and recalled it when he wrote his *Travels* many years later. This information seems to have convinced Ibn Baṭṭūṭa that, despite Ibn Taymīya's great reputation, his beliefs and behaviour seemed somewhat erratic. Little has observed that 'the impression left by the *ḥikāya* [story] as a whole is that a man in full possession of his faculties would not flaunt blatantly anthropomorphic views in public, nor would he refuse to co-operate with the authorities if arrested and subjected to interrogation. He would certainly not repeat an offense for which he had already spent time in prison. But this is obviously a matter of Ibn Baṭṭūṭa's personal opinion, and the same data might be interpreted to prove that Ibn Taymiyya was a hero, defying the state to defend his own views.'⁴⁵ Indeed the very large biographical literature on Ibn Taymīya as well as his own writings do support the latter view; unfortunately, almost all of the relevant biographical accounts are hagiographical. An exception is adh-Dhahabī's criticism of Ibn Taymīya.

A contemporary of Ibn Taymīya, adh-Dhahabī wrote a letter to Ibn Taymīya that contains 'a blistering attack against Ibn Taymiyya's attitude toward his fellow '*ulamā'*', specifically against [Ibn Taymiyya's]

⁴⁴ Quoted from Little, 'Did Ibn Taymiyya', 95–6.

⁴⁵ Ibid. 98–9.

pride, his obstinancy, intolerance, captiousness, and lack of tact'.⁴⁶ Historical reports of Ibn Taymīya's public actions substantiate adh-Dhahabī's criticisms. To return to Ibn Baṭṭūṭa and his suggestion that Ibn Taymīya was slightly mad, Little draws the following conclusion: 'If Ibn Baṭṭūṭa meant that Ibn Taymiyya was even slightly *majnūn*—mad, possessed by jinn—his remark should be dismissed out of hand, for there is not a shred of supporting evidence from any other source, including al-Dhahabī. . . . Ibn Baṭṭūṭa's judgement was not altogether condemnatory but was tempered by a tribute, even if we can deduce that it was grudging. Viewing the offensive phrase in context, I think that he meant only that Ibn Taymiyya did not have self-restraint and discretion enough to act in his own best interest, without constantly creating a public uproar. If this interpretation is correct, it is difficult to deny that validity of Ibn Baṭṭūṭa's characterization since it is corroborated on more than one occasion by al-Dhahabī. It is cruel, perhaps, and even flippant, but it is not without a grain of truth.'⁴⁷ Ibn Baṭṭūṭa did not refer to Ibn Taymīya as *majnūn*; the Arabic expression that he used comes closer to Ibn Taymīya's having 'a bee in his bonnet'.

In an earlier article on Ibn Taymīya, Little raised the general question of why the Mamlūk state took action against Ibn Taymīya on a number of occasions and imprisoned him six times for a period totalling more than six years. Little offers three explanations for his detention: the official version was that Ibn Taymīya's theological views jeopardized the salvation of Muslims and the stability of the state; his enemies charged that he had political ambitions; and the contemporary historians explained the conflict in terms of persons rather than doctrines.⁴⁸ Although Little's assessment of the causes of Ibn Taymīya's imprisonment is quite inconclusive, the answer probably involves all three explanations. It is very apparent, from Little's own analysis, that Ibn Taymīya's reforming zeal could potentially destabilize the Mamlūk military regime, although he may not have had any political ambitions himself; his fundamentalist interpretation of Islam was obviously popular with many, although surely not with many others (particularly the sufis), and it could have served as a base for political action, as scripturalism has repeatedly done in Islamic history until the present day. Everyone, including Ibn Taymīya himself, recognized that he was a fanatic and should be kept under state surveillance; even Ibn Taymīya suggested on one occasion that he be gaoled for the sake of the *maṣlaḥa*, presumably the common good.⁴⁹ Perhaps Ibn Baṭṭūṭa expressed simply

⁴⁶ Ibid. 100.

⁴⁸ Little, 'The Detention of Ibn Taymiyya', 320–3.

⁴⁷ Ibid. 108.

⁴⁹ Ibid. 326.

the common man's consternation at the vehemence of an ardent reformist.

Aside from the perturbations that might be caused by pretenders, prophets, and preachers, the family, as we have seen, and not the state was primarily responsible for the insane. The conventional view is, therefore, that the Islamic state was minimalist with regard to social welfare. The expenditure of funds, including the alms-tax, by the government treasury for social services was clearly secondary to the government's primary function of defence and the maintenance of law and order.⁵⁰ Social services were established usually by members of the ruling élite. Muslim rulers, for example, founded hospitals for their co-religionists from the early 'Abbāsid period. These circumstances are well illustrated in a letter that Ṭāhir ibn al-Ḥusayn, the 'Abbāsid governor of Khurāsān, wrote to his son 'Abd Allāh at the time of his appointment as the governor of Dīyār Rabī'a, and the letter was greatly admired by the caliph al-Ma'mūn (AD 813–33).⁵¹ In this long epistle, which can be dated to 206/821–2, the father advised his son on his duties as governor. Among other things, he says: 'Set up houses for Muslims who are ill, to shelter them. [Appoint] attendants in these houses who will handle them kindly, and [appoint] physicians who will treat their diseases. Comply with their desires as long as it does not lead to waste in the treasury.'⁵²

Public health measures were taken by Islamic rulers and were well intended, but they were not regularly maintained.⁵³ The reports

⁵⁰ EI2, s.v. 'Bayt al-māl'; Rodinson, *Islam and Capitalism*, 73. There is very little evidence that during the medieval period regular food doles like the Ottoman 'imārets, or soup-kitchens, were a common occurrence, except for periods of famine (see the *Dictionary of the Middle Ages*, s.v. 'Famine in the Islamic World' (Dols)) or scarcity. On the other hand, see n. 34 above for the experiment of an-Nāṣir. Also, the pre-Ottoman *simāt*, or soup-kitchen, in Hebron supplied free meals to the poor three times a day (Amnon Cohen and Bernard Lewis, *Population and Revenue in the Towns of Palestine in the Sixteenth Century* (Princeton, NJ, 1978), 73; SEI, s.v. 'Masdjid', 342). The 'imaret was an important public service in the Ottoman period; Haim Gerber has shown that in late 15-cent. Edirne over half the population was permanently fed by the public kitchens, and he suggests that this dole is comparable to the level of public support in Roman and Byzantine societies ('The Waqf Institution in Early Ottoman Edirne', in *Studies in Islamic Society: Contributions in Memory of Gabriel Baer*, ed. G. R. Warburg and G. G. Gilbar (Haifa, 1984), 43–5), which is doubtful. The dramatic or ceremonial distribution of alms by the medieval Islamic state to the poor that are encountered in the chronicles usually resulted from a variety of reasons: customary almsgiving at religious festivals and state occasions, the creation of clientage among the city populace, or simply the sporadic largess of the governing élite, which recalls the classical *euergetes* (see Ira M. Lapidus, *Muslim Cities in the Later Middle Ages* (Cambridge, Mass., 1967), 178–83; R. Stephen Humphreys, 'The Expressive Intent of the Mamluk Architecture of Cairo: A Preliminary Essay', *Studia Islamica*, 35 (1972), 87–8).

⁵¹ EI1, s.v. 'Ṭāhir b. al-Ḥusayn' (W. Barthold).

⁵² Franz Rosenthal, 'The Physician in Medieval Muslim Society', 490, n. 40.

⁵³ The belief in contagion/infection was a major impetus to governmental initiatives in matters of public health in antiquity and in post-Black Death Europe. (See Dols, 'Leper', 895–6; IM, ch. 6; and for Europe, Carlo M. Cipolla, *Public Health and the Medical Profession in the*

that medical services were supplied to rural areas and to prisons in tenth-century Iraq are often cited as proof of customary public health services. The incidents were, however, exceptional, and it cannot be assumed without any further evidence that these specific actions were representative of common practice.⁵⁴ 'The only safe conclusion it allows us to draw is that medical attention was *not* available in prisons, quite apart from the presumably dismal medical situation in rural regions.'⁵⁵ Very much the same may be said for the examination of physicians by the state; the two instances of such examinations appear to have been quite atypical.⁵⁶

These unusual measures affecting 'public health' were the results of individual initiatives; conversely, they attest to the absence of public institutionalization that could have sustained their intentions. The foundations of hospitals by political leaders point, however, to the wide range of charitable activity that was promoted through private, non-institutional channels, which was consistent with the *kilim*-like social structure of medieval Islamic societies. Social welfare was supported by individuals' voluntary donations of money and property for specific purposes, especially through *waqfs*, or pious endowments.⁵⁷ The usufruct from the endowed property was to be employed for the support of various social services and facilities: mosques, sufi lodges, schools, hospices, hospitals, bridges, and drinking fountains. Endowments might subsidize the taxes on the poor, pay small stipends to poor men to read portions of the Qur'ān daily for the souls of donors, or support

Renaissance (Cambridge, 1976), ch. 1.) The Muslim theological denial of the interhuman transmission of disease may have been a significant disincentive for intervention by Islamic rulers in public health. It is exceedingly difficult to judge the influence of this religious notion on Muslim behaviour in the past, but Western-style quarantine restrictions were clearly resisted in most Muslim countries until the mid-19th cent.

⁵⁴ *MIM*, 32.

⁵⁵ Rosenthal, 'The Physician in Medieval Muslim Society', 490.

⁵⁶ *MIM*, 32.

⁵⁷ See *EI*1, s.v. 'Waqf' (W. Heffening); Claude Cahen, 'Reflexions sur le waqf ancien', *Studia Islamica*, 14 (1961), 37-56; Stillman, 'Charity', 108-9; George Makdisi, *The Rise of Colleges* (Edinburgh, 1981), 35-74; M. M. Amin, *The Waqfs and Social Life in Egypt 648-923/1250-1517* (in Arabic) (Cairo, 1980); Joseph Schacht, 'Early Doctrines on Waqf', *Mélanges Fuad Köprülü* (Istanbul, 1953), 443-52; Abraham Marcus, 'Real Property and Society in the Premodern Middle East: A Case Study', in *Property, Social Structure and Law in the Modern Middle East*, ed. Ann E. Mayers (Albany, NY, 1985), 122-3. Papers on this important subject will be published shortly as a result of an international seminar held at Hebrew University, Jerusalem, in 1979: Gabriel Baer and G. Gilbar, eds., *Social and Economic Aspects of the Muslim Waqf*, esp. Norman A. Stillman, 'Waqf and the Ideology of Charity in Medieval Islam'. Cf. P. W. Duff, 'The Charitable Foundations of Byzantium', *Cambridge Legal Essays Written in Honour of and Presented to Doctor Bond, Professor Buckland, and Professor Kenny* (Cambridge, 1926), 83-99.

students,⁵⁸ sufis and their lodges,⁵⁹ and the needy of the holy cities of Medina and Mecca.⁶⁰

From the early Islamic era, the *waqf* was closely associated with charity; in legal theory, the poor were the ultimate proprietors of the pious endowments.⁶¹ The *waqf* was a permanent endowment based on property, the income from which was to be used for charitable purposes.⁶² In practice, if not in law, there were two kinds of *waqf*: a charitable endowment (*waqf khayrī*) for the Muslim commonweal, and an endowment for the benefit of the donor's family (*waqf ahli* or *dhurri*). The latter was consistent with pre-Islamic Arabian practice and comparable to the Western European attitude that 'charity begins at home'. The *waqf khayrī* could also serve as a source of income for a donor and his descendants by their being administrators of the foundation.⁶³ Government supervision over *waqfs* grew during the medieval period because of frequent abuses of the endowments, their increasing number and size, and their potential for government patronage.⁶⁴ Yet, the private nature of these foundations should be emphasized. Muslim institutions of learning, for example, were based on the law of *waqf*; they 'were endowments made by individual Muslims, of their own free will, without interference from the governing power. Even when the founder was a caliph, a *sultān*, a *wāzīr*, or other official, he endowed his foundation as a Muslim individual, instituting his own private property as *wakf* for a public purpose. These institutions were not public in the sense that any one was entitled to attend them.'⁶⁵ Moreover, the *waqf* foundation could be highly restrictive and was subject to substantial modification through later additions to the endowment. Even the greatly idealized hospitals were not always public. Concerning the famous Manṣūrī Hospital in Cairo, for example, it is not true to say that 'nobody, irrespective of race, creed, and sex, was turned

⁵⁸ *EI2*, s.v. 'Madrasa'; Makdisi, *The Rise of Colleges*, 180–7.

⁵⁹ Moshe Gil, *Documents of the Jewish Pious Foundations from the Cairo Geniza* (Leiden, 1976), 102; Winter, *Society and Religion in Early Ottoman Egypt*, 128 f.

⁶⁰ Stillman, 'Charity', 109.

⁶¹ Goitein, *A Mediterranean Society*, ii, 118 f.

⁶² See, however, the significant development of this institution based on cash during the Ottoman Period: Jon E. Mandaville, 'Usurious Piety: The Cash Waqf Controversy in the Ottoman Empire', *IJMES*, 10 (1979), 289–308.

⁶³ Despite the widely held view that the *waqf* was chiefly intended to protect the property of a family, there is good evidence to suggest that in the early Ottoman period 'endowments for the benefit of the public were much more common than for the benefit of the family' (Gerber, 'The Waqf Institution in Early Ottoman Edirne', 34); for 18th-cent. Aleppo, see Marcus, 'Real Property', 122–4.

⁶⁴ See Lapidus, *Muslim Cities*, 107–15, 187–91.

⁶⁵ *EI2*, s.v. 'Madrasa' (J. Pedersen–G. Makdisi), 1128–9; cf. p. 1136.

away'.⁶⁶ In fact, the published *waqf* document for this hospital declares that no Jews or Christians were to be allowed into the foundation, either as physicians, patients, or administrators.⁶⁷

Furthermore, as private foundations, the charitable *waqfs* were quite vulnerable to confiscation, mismanagement, and economic inflation. An example of the problem of keeping up a major charitable institution is the following account that describes the visit of the Fāṭimid sultan az-Zāhir to the hospital near al-Azhar in Cairo:

At this time [Rabī' II, 415 AH] the Amīr al-Mū'minīn visited the *bīmāristān* in disguise among his slaves and walked about it. He saw the madmen who resided there and bestowed on every one fifty *dirhams* and on the supervisor 500 *dirhams*. The sultan ordered that the hospital be restored, that the water flow to it according to its design, and that the food for the madmen be cooked everyday, aside from the medications and potions provided for them.⁶⁸

The benefits resulting from the *waqf* to the poor and sick are very difficult to judge. On the other hand, incentives for the ruling élite to do good works were numerous and often not strictly charitable. As an alien caste, the ruling élites of most Islamic states sought to legitimize their authority and to ingratiate themselves with the populace and particularly with the '*ulama*' or urban notables, to assert their role as the guardians of religious authority, and to compensate for their rapacity.⁶⁹ Traditionally, a ruler's good works were understood to carry some kind of obligation on the part of the beneficiaries, virtually the glue of extrafamilial loyalty.⁷⁰ There also seems to have been an element of competition among the élite, as well as personal pride, in the pious constructions of late medieval Cairo. Undeniably, there was a spiritual motivation and the emulation of earlier tradition; charitable works could also be considered a pledge (*nadh'r*) for good behaviour on the part of the ruler. Still, the material advantages to a military aristocracy were considerable. The *waqf* was practically the only method of protecting an inheritance from confiscation, considering the instability of medieval politics; of preserving property against inheritance laws; and at times of finding a tax-shelter.

⁶⁶ Rahman, *Health and Medicine*, 70.

⁶⁷ See the supplement to Ibn Ḥabīb, *Tadhkirat an-nabīh fī ayyām al-manṣūr wa banīh*, ed. M. M. Amīn (3 vols.; Cairo, 1976–82), i. 367.

⁶⁸ Al-Musabbihī, *Akbbār Miṣr*, 4, pt. 1, ed. A. F. Sayyid and T. Bianquis (Institut français d'archéologie orientale du Caire, Textes arabes et études islamiques, 13: 1 (1978), 35. Professor Yaacov Lev (University of Haifa), who has studied *zakāt* during the Fāṭimid period specifically, kindly supplied me with this citation.

⁶⁹ See Carl Petry, 'A Paradox of Patronage During the Later Mamluk Period', *Muslim World*, 73 (1983), 182–207, and Goitein, *A Mediterranean Society*, ii. 91.

⁷⁰ Mottahedeh, *Loyalty and Leadership*, 72–6.

Between the services provided by the *waqfs* and personal *ad hoc* charity, there appears to have been fluid, informal networks of philanthropy.⁷¹ Unfortunately, we do not have the documentation for such social services, as we do, for example, for the Jewish community in medieval Egypt.⁷² One indication, however, of such communal charity appears in Evliyâ Çelebi's description of the hospitals of seventeenth-century Cairo. He says simply about two of these establishments: '[The Bimarhane of the Shrine [*makam*] of Moses] has no endowment, but it is free to all. Those who are charitable always send food to those who are ill. Some of the poor serve in the asylum without pay. Everyone gives them alms. Next is the Timarhane of the Mosque of al-Azhar. This place is also free [to all]. Rather than being due to the soundness of the endowments, donations (from private sources), gifts and food flow in, and thus the servitors [i.e. the administrators of the hospital] have become wealthy individuals.'⁷³

Within the restricted sphere of professional medicine, charity and public welfare were naturally closely related, and medicine reflects generally the personal, non-institutional nature of medieval social services.⁷⁴ In theory, medieval Galenism retained a strong element of professional ethics.⁷⁵ The deontological works of the Islamic doctors invariably emphasized the free treatment of poor patients, although there was no legal obligation on the doctor to do so. The altruism of the profession was consistent with Islamic teaching, for Islam strongly enjoined the charitable treatment of the poor, just as Judaism and Christianity did.⁷⁶ Physicians, as an occupational group, however, were

⁷¹ For a specific example of informal methods of charity in medieval Europe, see John Henderson, 'The Parish and the Poor in Florence at the Time of the Black Death: The Case of S. Frediano', *Continuity and Change*, 3 (1988), 247–72. More broadly, Horden ('A Discipline of Relevance', 359–74) offers a masterly overview of the historiography of medieval European hospitals and the difficulties of assessing their relationships to society.

⁷² We are particularly well informed about social welfare among the Jews in Egypt during the 11th to 13th cent. AD because of the survival of the Geniza documents that Goitein has masterfully used to depict the community. The Jews conscientiously assisted their poor, especially with the payment of the onerous poll-tax that was imposed on minorities (see Gil, *Documents*, 106–8). It is unclear to what extent the Copts made comparable provisions for the poor and infirm of their community.

⁷³ Evliyâ Çelebi, *Seyâhatnâmesi*, x (Istanbul, 1938), 262; see Leiser and Dols, 'Evliyâ Çelebi's Description of Medicine', *Sudhoffs Archiv*, 72 (1988), 49–52.

⁷⁴ For a descriptive account of medieval medical services in Tunisia, see H. H. 'Abd al-Wahâb, 'at-Tibb al-'arabî fî Ifrîqiya', *al-Fikr*, 3 (Tunis, 1958), 909–16, 951–5; for Egypt, see Amin, *The Waqfs and Social Life in Egypt*, 155–77.

⁷⁵ See MI, 223–7.

⁷⁶ Goitein, *A Mediterranean Society*, ii, 133, 252. I do not understand why Rosenthal says that 'such religious motivation for medical charity was probably less prominent in Islam than it was in medieval Europe . . .' ('The Physician in Medieval Muslim Society', 488). See *MIM*, 35.

renowned for being greedy.⁷⁷ Nevertheless, a number of Muslim physicians gained reputations for their charitable works and took a special interest in medicine for the poor, such as Ibn al-Jazzār (d. 369/979–80).⁷⁸ We learn from the stories of at-Tanūkhī (d. AD 994) that an Egyptian doctor named al-Qatī'i used his large income from treating the rich in caring for the poor; we are told that 'A portion of his dwelling had been turned into a sort of hospital to house poor patients, whom he would treat, supplying them with what they needed in the way of drugs, food, and attendance, and spending most of his earnings on this.'⁷⁹

Beyond the reach of the doctor, the gaoler, or the restraints of the family, the insane appear to have enjoyed a remarkable amount of personal freedom, which the poor, maimed, and infirm also enjoyed.⁸⁰ They could depend on the charity of others for their basic needs. Despite a strong tradition in Islam against mendicancy, religious sentiment seems to have increasingly protected the genuine poor and infirm from legal harassment or social intolerance. Indeed, the expectation of benevolence led to 'professional' begging, in which some might intentionally disfigure themselves to evoke greater compassion.⁸¹ In any case, the insane and deluded probably joined the beggars and vagabonds in cities and towns, especially around the mosques; for the mosques, presided over by the imams, appear to have been major agencies for the relief of the poor.⁸² On the one hand, the harmless madman could rely on the tolerance and charity of others; on the other hand, the lack of restrictive governmental

⁷⁷ Goitein, *A Mediterranean Society*, ii. 257.

⁷⁸ See *MIM*, 67 f.; Rosenthal, 'The Physician in Medieval Muslim Society', 483, 487–9 for other examples. H. H. Biesterfeld ('Some Opinions on the Physician's Remuneration in Medieval Islam', *BHM*, 58 (1984)) concludes rather ungenerously (p. 18 f.): 'If these few instances of a rather untypical attitude of the medieval "Islamic" doctor towards the financial side of his profession show anything, it is, as might be expected, that the refusal to accept fees from the individual patients worked mostly in combination with another job or on the basis of patronage.'

⁷⁹ *The Table-Talk of a Mesopotamian Judge*, 111. It may not be entirely cynical to say that medical charity was also a defence of the profession against those who believed that Galenic medicine was useless, or worse. Professional generosity may have helped ingratiate this 'foreign science' to fellow religionists. (See Franz Rosenthal, 'The Defense of Medicine', 519–32.) In addition, it may have helped to upgrade the craft both intellectually and socially. The notion of the inherent excellence of medicine as a discipline 'was neither warranted by a first-class position for medicine within the Hellenistic system of sciences, nor within the diverse Muslim attempts at classifying the various fields of knowledge' (Biesterfeldt, 'Some Opinions', 24). In the life of a doctor, such as Ibn Ridwān in 11th-cent. Cairo, charity was a sign of both professional status and self-esteem.

⁸⁰ See Dols, 'The Leper', 891–916.

⁸¹ Bosworth, *Islamic Underworld*, i. 37 f. This seamy side of charity is well portrayed by the poignant figure of Zayta, who mutilates others, so that they can function as beggars in Najīb Mahfūz's popular novel *Midaq Alley* (Beirut, 1966).

⁸² *SEI*, s.v. 'Masjdjid'. For example, see Elias N. Saad, *Social History of Timbuktu* (Cambridge–New York, 1983), 119.

legislation directed toward 'public health' and of public institutions through which it might be implemented allowed the madman his considerable freedom.⁸³

⁸³ Cf. R. I. Moore, *The Formation of a Persecuting Society* (Oxford, 1987).

CONCLUSIONS

If the full meaning of insanity in the medieval Middle East could be easily expressed in concluding remarks, it should scarcely have been necessary to recount at length the varied and often perplexing interpretations of madness and the social responses to it. Although broad analytical categories have been imposed on the subject, madness is still a very complex and highly idiosyncratic phenomenon. In many instances, following the meandering path of the madman has been tortuous and mystifying, but it has also led to new perspectives of unexplored territory.

A major objective of this study has been to place the subject in its historical context and not to present insanity as a disembodied medical, religious, or legal notion. Because of the limitations of the medieval evidence, this goal has not always been fully achieved, but, in general, insanity has been presented as a significant aspect of Islamic social history. Insanity as a medical concept was closely related to the development of Islamic sciences and institutions; religious healing was intimately associated with the growth of Muslim saints; and the madman as holy fool was a vivid expression of the evolution of Muslim religiosity. Moreover, in the general areas of healing, perceiving, and protecting the insane, there is a remarkable continuity with the pre-Islamic Christian culture of the Middle East. The persistence of the Galenic medical tradition in both theory and practice is obvious. Less evident but equally important is the continuity in religious healing and magic, sacred and profane perceptions of madness, and the legal status of the madman.

There was also, apparently, greater attention paid to insanity. For the doctors, elaboration of the Galenic notion of insanity represented the medicalization of a new area of human behaviour and its treatment in a novel medical institution. For the jurist, madness evoked theological explanations and suitable therapeutics. And for the magician, exorcism was the obvious cure for possession. Furthermore, the madman became a common figure of Islamic literature—as the village idiot or simpleton who was the butt of jokes and pranks, as the melancholic sufferer of love-madness or the enraptured mystic, and as the wise fool or the holy

man. The varied literary portrayals of the madman reinforce the historical evidence for a broad spectrum of views about insanity and social reactions to the insane. The lack of a unitive view of insanity surely allowed greater social tolerance of the mentally afflicted.

Finally, this long essay on insanity in Islamic society poses, naturally, the question: what was sanity? The notion of 'aql, or reason, has often appeared as a descant to the descriptions of madness. It is a basic concept of Islam. At the outset of Islam, the distinction between the *Jahiliyya*, or the age of ignorance before Muḥammad, and the revelation of the Qur'ān is one of 'aql. Islam brought complete 'aql or the full capacity of mankind to tell right from wrong and to act accordingly. The 'āqil knows, or is able to learn, what is permitted (*ḥalāl*) by God and what is forbidden (*ḥarām*). The *ḥadīth* frequently discuss 'aql and suggest the ways in which it was understood in early Islamic society. For example, the Prophet is reported to have said that 'aql had three components: whoever was endowed with 'aql possessed knowledge of God, obedience to Him, and patience with what He has commanded. Eventually, it was believed by many that, as the Prophetic era faded from memory, the community moved further and further away from 'aql and closer to madness. Yet, theologians such as Abu l-Hudhayl and al-Ghazzālī envisioned the return of the Prophet and the restoration of 'aql at the end of time.¹

'Aql was also an important philosophical and legal concept.² Theologically, reason is what distinguishes mankind from the rest of God's creation and makes him one with the angels, who possess reason. The loss of reason makes man animal-like. The special concern for an individual's sanity may be one of the reasons for the special provision for the insane in the Islamic hospital. For example, in the appointment document (*i'lām*), dated 1174/1760-1, of a new director for the famous Maṣṣūrī Hospital in Cairo, the following statement seems particularly relevant. All Muslims of Cairo and its environs would be treated in the hospital for 'their ailments, whether great or small, acute or chronic, physical or non-physical; regarding the latter, the most important objective is the preservation of the mind. The foremost attention is to be paid to those who have suffered loss of mind and hence loss of honor.'³

Modern anthropologists have interpreted 'aql in many ways: as 'social sense or awareness', as 'the capacity to discern realistically existing, if ephemeral, patterns of dominance and deference in the social order and

¹ Naṣrallah Pūrjavādī, 'Analysis of the Concepts of "Aql" and "Junūn"', 7-19.

² See *Elz*, s.v. 'Aql' (F. Rahman).

³ Quoted in Rahman, *Health and Medicine*, 70.

to act appropriately' or as 'cooperation and composure' that is acquired by learning in society, especially in public worship.⁴ The significance of 'reason' is well illustrated by Lila Abū-Lughod in her recent study of the Awlad 'Alī tribe of Egypt's Western Desert. In addition, to the prerequisite of a noble lineage (*aṣl*) and the familiar virtues of generosity, loyalty, honesty, toughness, and so forth, the quality of self-control, even stoicism, is an important aspect of bedouin honour.⁵ 'Aql means a man's mastery over his emotions and over his need for others. Also, closely related to 'aql is the notion of *ḥasham*, or voluntary deference, which is the complementary ideal of dependants, usually young people and women. Moreover, *ḥasham* conveys a nexus of meanings associated with one's sense of propriety and proper behaviour; feelings of shame, shyness, or embarrassment may give rise to various forms of modesty or self-effacement in clothing, gestures, and deportment. 'Ḥasham is closely tied to the concept of 'aql, the social sense and self-control of honorable persons. Just as the possession of 'aql enables persons to control their needs and passions in recognition of the ideals of honor, so it also allows them to perceive the social order and their place within it.'⁶

On the other hand, children are believed to be born without reason, which is acquired as part of the process of maturing. At majority, when one's religious duties are assumed, a Muslim has learned enough to take responsibility for his behaviour, but it is not until he is about forty that the adult male is able to govern his passions and becomes truly 'wise' or 'reasonable'. He has reached maturity, where he is able 'to know right from wrong and to be complete'. The final stage of old age is only a prolongation of maturity unless senility occurs. The insane and mental defective are those in whom 'aql has not developed. They live in a state of nescience.

Like children, [the insane] have no social sense, showing no self-control in eating, drinking, defecating, or sometimes in the satisfaction of sexual needs. Although they are tolerated in Bedouin society and are not outcasts, both are

⁴ Lila Abū-Lughod, *Veiled Sentiments: Honor and Poetry in a Bedouin Society* (Berkeley, Calif.—Cairo, 1987), 283, n. 6.

⁵ Ibid. 85–97.

⁶ Ibid. 108. Moreover, 'children, who are said not to have much 'aql, must be taught to *ṭhashsham* (v.); the primary goal of socialization is to teach them to understand social contexts and to act appropriately within them—which means knowing when to *taḥashsham*. Mothers often scold their children with the imperative which can be translated as "behave yourself" or "act right" and which implies, "have some shame". The dual connotations of appropriate ways of feeling and voluntary behaviour control are apparent here. The concepts of *ḥasham* and 'aql are closely wedded in notions of the ideal woman. The woman who is 'āgla (reasonable, characterized by 'aql) is well-behaved; she acts properly in social life, highly attuned to her relative position in all interactions.'

disqualified from participating as equal members of society. They remain dependents all their lives, usually under the care of kin. Because their lack of *'aql* or social sense prevents them from conforming to the society's rules and cultural ideals, they are without honor.⁷

Lila Abū-Lughod's fine description of the insane in a contemporary bedouin tribe emphasizes a basic aspect of madness. Insanity, like any illness or disability, has always created dependence, mainly on the family. The madman in the past was characterized by his lack of self-control, giving free rein to his emotion or passions. His behaviour was often improper and inappropriate, and he did not conform to society's rules. In essence, he lacked *'aql*. The major difference between the madman in a bedouin tribe and a medieval city appears to be the measure of possible accommodation. As we have seen, the madman in medieval society could be a man not without honour. This positive or more humane view of the madman was facilitated, on the one hand, by the pluralism of healing, and, on the other hand, by the Qur'ānic view of *majnūn* as a divinely enthused individual and the imperative of personal charity to the infirm.

⁷ Lila Abū-Lughod, *Veiled Sentiments: Honor and Poetry in a Bedouin Society* (Berkeley, Calif.–Cairo, 1987), 91. Furthermore, as Abū-Lughod's study demonstrates, the ascription of madness or foolishness by members of the tribe to the behaviour of others was a reflection of the commonly shared expectations of social behaviour. Men were called mad or foolish because they did not adhere to the code of honour, especially by being unrestrained in their sexual passions or by being overly dependent on women (pp. 92–7). The imputation of madness as a form of social criticism may account generally for the frequent references to otherwise sane men and women as 'mad', 'crazy', or 'idiotic'.

*APPENDIX 1. SARĀBIYŪN IBN IBRĀHĪM,
AL-FUSŪL AL-MUHIMMAH, BODL. HUNT.
MS 461, CH. 9, FOS. 39B-40B: THREE CASES OF
MELANCHOLIA BY RUFUS OF EPHESUS*

I knew another man, and he had pain between the ribs every year in the spring, without fever or inflammation but with stinging and pricking. Heat did not appear in the [affected] part. For this condition he used to have his blood let every year and take a purgative. He suffered from the illness between the autumnal equinox and the height of the heat in spring, when the disease would subside on account of the bleeding and the use of purgatives. When he thought that he did not benefit from the two [treatments], he gave them up. The pain returned for about a month and rose to his chest. Then, he had some blood let and took a purgative. The pain did not subside but extended to the side of his face; he felt it only on one side [of his face], and it affected his jaw for a while. When I feared that it might pass to his eye and brain and that it might kill him, I asked him to have his blood let and to take the purgative three times. Then, I cauterized his ribs where there was pain. The pain subsided completely. He had nothing to complain about for four days. On the fifth day he began to see phantoms before his eyes. I did not risk evacuation because his body was weakened. I prescribed for him a moist diet, so that the evacuation could take place easily if I had to resort to it. The phantoms remained for two more days. On the third day the symptoms of melancholia appeared, and all hope was given up for him, but I was [40a] sure that I had stopped the matter. These symptoms did not frighten me. I fed him with barley juice, rock fish, and bean soup for about thirty days. Because everything moistened his body, the symptoms of melancholia receded until he was completely recovered. The symptoms of melancholia were sadness and fear of death. Therefore, I prescribed for him entertainment and pleasure. He was over it in eighty days. The physicians were baffled by his recovery—how the matter was inclined toward the noble part of the body after being evacuated and, then, how the illness left him without any [further] evacuation. I showed them that it was a surplus of black bile that was blocked in some of his arteries. It had changed and had corrupted the blood in the arteries little by little. After we evacuated it, the quality persisted, but we had eliminated its source, so that it decreased gradually. When it reached the brain it had become quite weak. It found in the brain, however, a dry moist humour from the sadness and insomnia that the patient had suffered. Because of this, the rest became like dough; it was changed into black bile and caused melancholia. When we moistened his diet and removed his sadness, the damage ceased.

I know another man with whom melancholia began from the burning of the blood. He was a man of leisure. The anxiety and sorrow that he suffered were not great, for a little joy was mixed with them. The reason [for the melancholia] was his constant preoccupation with mathematical sciences. He was also a courtier. Because of these things, bilious matter collected in him at the age that it is customarily created, that is in the period of decline. Besides, he had a fiery temperament in his youth, [40b] so that as he advanced in age, black bile collected in him. He had fits mostly at night because of his insomnia and in the morning. When he slept at daybreak, he saw evil phantoms in his sleep because of lethargy [*subāt*] caused by the insomnia. He was treated by an inexperienced physician who evacuated him many times with strong emetics. He neglected the balance of his [patient's] temperament. The restoration of the temperament in diseases like these is the best treatment because the badness of the temperament produces such a humour as this one. The creation of the humour is not stopped except by the restitution of the temperament. When his temperament was agitated by these treatments, the burning in his body increased. His condition led to madness [*junūn*]; he continued not to eat or drink until he died.

Another man who was 21 years old was rescued from drowning. He suffered from melancholia on account of the fear caused by it. A physician treated him with methods like the ones that have been described, i.e. repeated evacuation by means of emetics. In the end, [the doctor] evacuated him with black hellebore, but he didn't know any better. Then, another physician treated him by moistening, nourishment, and amusement. The man was rightly guided and recovered. His recovery was really due to both the doctors because the first physician evacuated the matter and the second corrected the temperament.

APPENDIX 2. IBN SĪNĀ, AL-QĀNŪN, BULAQ EDN., VOL. II, PP. 63–5: ON MANIA AND RABIES

The explanation of mania is bestial madness [*al-junūn as-sab'i*]. As for rabies, it is a kind of mania; it is a rage that combines play with jest and a harmfulness with a tender affection, like the nature of dogs. Know that the causative agent of bestial madness is from the same essence as the causative agent in melancholia; in both of them the essence is black bile. The causative agent of bestial madness, however, is burnt black bile from the yellow bile or black bile, and it is worse [than natural black bile]. The causative agent of melancholia is a plenitude of natural black bile or its burning, but concerning phlegm and sweet blood, it is rarely from burnt phlegm. If there were madness, melancholia is a part of it. Mostly melancholia is the result of the presence of burnt black bile in the blood vessels, while most of the time madness is only from the occurrence of burnt black bile in the front of the brain and its essence because of the introduction of the bile into the brain, like the introduction of the essence of phrenitis. Melancholia is characterized by distrust, corrupt thinking, fear, and silence; there is not severe derangement [*idṭirāb*]. As for mania, it is entirely derangement, jumping about, joking, predacity, and an inhuman appearance; indeed, his appearance is like that of a wild animal. Madness is distinguished from a kind of phrenitis that resembles it by the fact that there is usually no fever with madness [64] while there is with phrenitis. Rabies is a type of madness and resembles it; it should be fought with what is helpful and appropriate. With rabies there are no evil thoughts like madness. Rabies seems closer to hectic fever.¹ Madness appears mostly in the autumn because of the badness of the humours [at that time], and it may increase in the spring and summer. At the time of the blowing of the north wind, there is an agitation in the individual because of the drying effect of this wind.² Madness is often resolved by haemorrhoids and varicose veins. If dropsy appears afterward, it dissolves the illness by its moistness, especially if the illness's cause were the heat of the liver and its dryness. Often this illness occurs in association with the stomach, so that vomiting heals the patient.

Symptoms: For mania in general there are signs, and for its divisions there are signs. The general symptoms are that the regulating and moving actions

¹ *Dammawīya*. See Isaac Judaeus, *Kitāb al-Hummayāt li-ishāq ibn Sulaymān al-Isrā'īlī (al-Maqāla al-thālitha: Fī al-Sill): On Fevers (The Third Discourse: On Consumption)*, ed. and trans. J. D. Latham and H. D. Isaacs (Arabic Technical and Scientific Texts, 8; Cambridge, 1981).

² Cf. *Qānūn*, i. 91.

[of the body] change, in a manner that has already been mentioned. The warning signs are, for example, nightmares with heat in the brain, feet filled with blood and reddened, and blood clots in a woman's breasts, which indicate the corrupt movements of the blood. The first symptom may point to that, or it may indicate that it will become a cause for the corruption of the blood in a bodily part where there is no strong natural heat. The body regulates the blood well, but the blood is spoiled by a kind of corruption that damages the brain. At the end of mania, the appearance of varicose veins sometimes signals the dissolution of the condition. Often madness appears in the acute illnesses as a sign of the crisis; if the other signs confirm it, it is good evidence that a crisis will be at that time. Sometimes the intensification of the madness is a symptom of a crisis of madness itself. As for the sign of burnt black bile, know that its madness [*junūn*] and predacity are accompanied by reflection and silence, which extend for a period of time. If he becomes agitated and speaks, he begins to be reasonable. Then, if it [the depressed condition] recurs, he cannot escape it nor conceal it. Emaciation of the body in this condition is greater [than in melancholia]; the complexion is blacker; and dreams are worse. Sometimes, he vomits something sour, which bubbles when it comes into contact with the earth. As for the condition from yellow black bile, the progress toward evil is faster and the relief from it comes more swiftly. He does not remember the evil and hatred that the first remembers, and there is less silence and more movement, irritation, and derangement.

Treatments: If you see a plenitude of the humours, bleed. If you see a dominance of biles in the body by the urine and other signs, evacuate by a potage of dodder of thyme, or by a potage of myrobalan if the cause were blackened yellow bile or pure black bile. Sometimes, you may need to evacuate with plain dodder of thyme, eight dirhams' weight with oxymel and azure stone. Then, occupy yourself with the head. Evacuate the body if there were a bloody or black fullness in the vein that is under the tongue and continue his evacuation with this pill: take dodder of thyme and lavender—from each one, a part; scammony, half a part; and myrobalan, a part. Large pills should be made from it and taken after the complete evacuation on separate nights, dispensing each night two dirhams' weight. Something else that is useful is the following: take from dodder of thyme and polypody, each five dirhams' weight; Armenian stone, one dirham; Kābūli myrobalan, one dirham; lavender, ten dirhams; Indian salt; colocynth pulp, four dirhams; belleric myrobalan, emblic myrobalan, thyme, and black hellebore, each three dirhams; and turpeth, twenty dirhams. This concoction is kneaded with oxymel made from honey; it is used and is gargled with oxymel made from scammony. One should not overdo the use of *shabyār* [Pers., a soporific electuary], but use it as long as you find that it has a mild effect. If you notice a hot intemperament, stop. After evacuation, concern yourself with cooling and moistening by fomentations and other things. Sometimes it is necessary that patients be bathed five times a day, and their heads anointed with broth of trotters and heads and with cows' milk; the

cream is placed on the head. Your purpose should be moistening more than cooling; if you do not find remedies [65] that have a strong moistening power without cooling, then put camomile with it. Sometimes, to put the patient to sleep, you will have to give him *diyāqūdā* [Pers., a beverage extracted from poppy] to drink. Then, give him sweet pomegranate juice to drink for a moistening effect; or give him pear juice with it for a softening effect or barley-water. He may also be bathed with water in which poppies have been cooked as a soporific. More suitable, however, is to put a little camomile in it and drip the milk on his head. Oils are also very beneficial. If these fomentations, moistening inhalations, and oils are used, he settles down to sleep afterward, depending on what puts him to sleep from the fomentations and soporific oils, especially lettuce oil. Give him to drink beverages that moisten, such as barley-water. Do not give him to drink what acts in the same manner as oxymel, but whatever is alleviating, light, and cutting. Whenever you see that the nature [of the patient's body] is firm, administer a clyster, so that the harmful vapours do not rise to the head by transmission [from the stomach]. It is necessary that the roots and the seeds of wild fennel and roots of the white vine, which is bryony, are put into their drinks.³ It is beneficial and its dosage every day is a *mithqāl*. If they will not drink [it], put it into their food. Someone who causes the patient embarrassment and fear should sit in front of him⁴ while he tightens his thighs and legs, which he does in order to pull the [harmful] vapour lower [in his body]. If there is fear that the deranged will inflict harm on themselves, they should be tied up securely and put into a cage and suspended in an elevated suspensory like a cradle. It is necessary that their diet be moist; except that the diet, despite its moisture, should not include anything that is likely to cause obstruction, like starch and similar things, for that is very harmful. They are not to be given diuretics, for that injures them as well. The rest of their treatments, about which it is necessary that they are wary and cautious, is the treatment for melancholia. We will discuss it in its section. If the patients decline, there is no harm in their being given well-mixed drinks, for the drinks moisten them and put them to sleep. It is your duty to avoid hot, warming things.

³ Cf. Paul of Aegina, *The Seven Books*, i. 385: 'But nothing is of such service as horse-fennel, either the root or seed drunk in water.'

⁴ Alternatively but less likely, the passage reads: 'someone who is ashamed of the patient and fears him should sit in front of him . . .'. Cf. *Qānūn*, ii. 30-1.

APPENDIX 3. IBN SĪNĀ, AL-QĀNŪN, BULAQ
EDN., VOL. II, PP. 71-3: LOVESICKNESS

This is a delusionary [*waswāsī*] illness, which is similar to melancholia. The individual brought it about in his own psyche [*nafs*] by his obsession that overwhelmed his discretion about appearances and character. It helped him to attain his desire, or it did not. The characteristics of the illness are hollowness of the eyes and their dryness, the lack of moisture except when weeping, continuous movement of the eyelids, and laughing as if he sees something pleasant or hears happy news or jokes. His psyche is full of alienation and withdrawal, so that there is much deep sighing. His condition changes from exhilaration and laughter to sadness and weeping when he hears love poetry [*ghazal*], especially when he remembers the separation and distance from his beloved. All of his bodily parts are moist except the eyes; besides their hollowness, the eyelids are heavy because of insomnia and sighing. His behaviour is disordered, and his pulse is irregular, like those who are anxious. His pulse and his condition change at the mention of the beloved [*ma'shūq*] especially and when he meets the beloved suddenly. It is possible, therefore, to learn the identity of the beloved person if the patient will not reveal it, and the knowledge of the beloved is the best way of treating the patient. The way of doing this is to mention many names repeatedly while the finger is kept on his pulse, and when it becomes very irregular and almost stops, you should then repeat the procedure. I have tried this method several times, and I have learned the name of the beloved. Then, in a similar manner, the lanes, houses, professions, crafts, families, and countries are mentioned, combining each one of them with the name of the beloved, while you keep your hand on the pulse. When it changes at the mention of one thing several times, you will know from this method all the particulars of the beloved—the name, appearance, and occupation. We have tried this procedure and have discovered the useful information.

If you cannot find any cure except to unite the two in a manner that is permitted by religion and the law [*sharī'a*], do it.¹ We have seen cases where health and strength were fully regained and the flesh restored. [In one instance] wasting had progressed and overcome a man; he had suffered severe chronic illness and prolonged fevers as the result of his bodily weakness that was caused by the strength of '*ishq*'. When he experienced union with his beloved, recovery occurred in a very short time. We were

¹ It appears that doctors sometimes solved the dilemma of lovesickness directly by joining the two lovers; Ibn Hazm even tells us that female doctors were popular in medieval Cordova because they had easy access to other women and could act as intermediaries (Ibn Hazm, *The Ring of the Dove*, p. 74).

astonished at it and realized the subordination of the constitution [*ṭabī'a*] to mental delusions [*awḥām*].

Treatment: You should consider whether his condition is attributable to the burning of a humour by the signs that you know; if so, you should evacuate. Then, concern yourself with moisturizing their bodies, lulling them to sleep, and nourishing them with good foods,² and help them to preserve their equanimity in disputes, activities, and quarrels—matters that generally preoccupy men's minds. If that were done, it sometimes makes them forget what caused them to be seriously ill. Or you can deceive them by joining the lover with someone other than the beloved, whom the law permits; then, their thinking about the second person should be cut off before it grows stronger and after they have forgotten the first. When the lover is a reasonable person, he can be given sincere advice and warning, as well as being ridiculed and rebuked. The image that he has within himself is nothing but a delusion and a kind of madness. Medical advice about it, as in this chapter, is useful, as well as the power of old women over it. For the women make the beloved hateful to him; they report the beloved's unclean conditions, and they tell him repulsive things about the one he loves, and they convey the beloved's considerable loathing for him. All of this is something that is very calming [for the lovesick]. If it were so, it may bring about other [benefits]. Among the useful things in this situation is for these old women to mimic the appearance of the beloved with ugly imitations and to present parts of the body in a shameful parody. They continue to do that and to speak about the beloved in great detail because it is their job. They are more proficient at it than men, except for the effeminate men³ whose skill is not inferior to that of the old women. They are also able to transfer gradually the lust [*hawā*] of the lover to someone other than the beloved. Then, they stop their actions before the second lust gains ground. Among the recommended activities are also the buying of slave-girls and the increase of sexual intercourse, acquiring new partners and taking pleasure in them. Some people are consoled with entertainment and recitation, while for others it only increases their infatuation; it is possible to discover which is which.⁴ Or hunting, different kinds of games, renewed patronage, and the company of important people—all of these ways bring consolation. Sometimes it is necessary that you arrange these things for those who suffer from melancholia, mania, and lycanthropy [*qutrūb*] and that they are evacuated with strong laxatives [*ayārjāt*] and moistened with what has been said [in the section] on moisturizers. Therefore, if men are changed in their character and in the appearance of their bodies to resemble this [condition], you must concern yourself with moisturizing their bodies.⁵

² *Muḥmūdāt*. See J. Derek Latham, "“Maḥmūd” and “Laudable”, *Journal of the Royal Asiatic Society* (1977), 31–40.

³ *Al-Mukhannathīn*. See Henry Farmer, *A History of Arabian Music to the XIIIth Century* (London, 1929), 44 f., which deals with male singers. See also Franz Rosenthal, *Humor in Early Islam*, 8, 23.

⁴ On the use of music for the lovesick, see Shiloah, 'Ibn Hindū, la médecin et la musique', *Israel Oriental Studies*, 2 (1972), 451.

⁵ See also Rome edn. (1593), 316; cf. the partial translations in E. Browne, *Arabian Medicine* (Cambridge, 1921; repr. 1962), 86, and *MD*, 355.

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